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## **ACRONYMS**

CPD	Continuing Professional Development
DHFPL	Directorate of Health Facilities and Professional Licensing
DHRM	Directorate of Human Resources Management
EAA	Ethiopian Anesthetists Association
EMA	Ethiopian Midwives Association
FMHACA	Food, Medicine and Health Administration and Control Agency
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
GoE	Government of Ethiopia
HEW	Health Extension Worker
HERQA	Higher Education Relevance and Quality Agency
HRIS	Human Resources Information System
HRH	Human Resources for Health
HRM	Human Resources Management
HSDP	Health Sector Development Plan
HSEDC	Health Sciences Educational Development Center
ICT	Information Communication Technology
IST	In-service Training
M&E	Monitoring & Evaluation
MOE	Ministry of Education
MOH	Ministry of Health
MOST	Management and Organizational Sustainability Tool
MSH	Management Sciences for Health
OU	Open University
PMP	Performance Monitoring Plan
PSE	Pre-service Education
RHSC	Regional Health Science College
RHB	Regional Health Bureau
SBM-R <sup>®</sup>	Standards-Based Management and Recognition
SNNPR	Southern Nations, Nationalities and People's Region
STTA	Short-Term Technical Assistance
TVET	Technical Vocational and Educational Training
USAID	United States Agency for International Development

## **II- BACKGROUND**

### **1. Program Area / project description:**

The Strengthening Human Resources for Health (HRH) project is a five year (2012 – 2017) bilateral cooperative agreement with an overall goal of improving the human resources for health status in Ethiopia. Funded by the United States Agency for International Development (USAID) under the “Investing in People” category of the foreign assistance framework, the project is contributing to the government of Ethiopia’s (GoEs) efforts to build or strengthen local capacity for development of sustained systems for managing human resources for health, improving and monitoring the quality of education, deployment, retention, and continuing professional development of health care providers, and generating evidence to inform HRH policies and practices.

A qualified, motivated and competent health workforce is a critical element required to address Ethiopia’s high burden of morbidity and mortality resulting from communicable diseases, nutritional disorders, and poor maternal and child health outcomes, and to contribute towards achievement of key goals in the national Health Sector Development Program (HSDP IV), and Millennium Development Goals.

However, findings from a 2012 Rapid Situational Assessment of Human Resources for Health in Ethiopia<sup>1</sup> indicate that there is a critical shortage of health professionals across cadres in most regions. Unmet need for midwives stands at 63% overall (or 4,040 individuals), and unmet need for anesthetists stands at 44% (or 146 individuals), with regional variations such as Gambela (93%) and Somali (89%). Although the Federal Ministry of Health (FMOH) has successfully trained and deployed more than 34,000 health extension workers (HEWs), the annual attrition rate is approximately 5%. In addition, some regions still have a high unmet need for HEWs, including Somali (34%) and Tigray (19%).

Poor quality pre-service education (PSE) and in-service training, rapid turn-over of skilled health care providers, inequitable distribution of the health workforce, underdeveloped regulatory capacity needed to sustain human resources for health quality, and ineffective management of human resources for health systems further contribute to the HRH challenges. In addition, inconsistencies in and lack of availability of HRH data are evident at the FMOH and RHBs. The newly deployed human resources information system (HRIS) is not fully functional and requires additional strengthening and expansion to all levels of the health system. Of particular importance is having structure and staff dedicated to HRIS and providing training in human resources data collection, processing, data analysis and data for management decision-making.

Though there is an overall critical shortage in the recommended number of qualified health workers across cadres, the government has prioritized a focus on the production and retention of qualified and competent midwives, anesthetists, health extension workers (HEWs), and other essential health cadres such as emergency medical technicians and biomedical engineers.

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<sup>1</sup> *Jhpiego 2012. Human Resources for Health: Rapid Situational Assessment of Prioritized Geographic Areas.*

Through program inputs at both the national and regional level, and in collaboration and coordination with the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs), and other key stakeholders, the HRH project is working to address these challenges by implementing the strategies outlined below.

## **2. Objectives/Purpose:**

The ultimate goal of the HRH project is to improve health outcomes for all Ethiopians, with emphasis on the reduction of infectious disease and gender-focused disparities in maternal and newborn mortality. The HRH project's efforts will build upon previous work and processes, and implement activities organized within the following key results:

**Result 1:** Improved Human Resources for Health Management

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

**Result 3:** Improved Quality of Training of Health Workers

**Result 4:** Monitoring & Evaluation, Program Learning and Research

The projects goals and objectives will be met through systems aimed at production, deployment and support of high-quality professionals at all levels of health service delivery. The increased quantity and quality of health workers (IRs 2 and 3) will be supported by an overall strengthened health management approach (IR1). All project approaches will be evidence based and rooted in program learning (IR4).

The following key strategic approaches will be used to guide project implementation:

**Strengthen the GoE's human resources management (HRM) system:** The GoE has made considerable investments in strategies and processes aimed at strengthening its HRM systems. The HRH project will build upon existing efforts while providing evidence-based support to prepare a cadre of capable human resource managers. These HRM leaders will be supported to create systems consistent with international standards to recruit, maintain and deploy employees to improve health services.

**Strengthen HRH policies and Practices:** The project will support the FMOH to finalize the draft HR strategic plan, and collaborate with them to disseminate, implement and monitor the guidelines and recommendations outlined in the final plan. Additionally, multidisciplinary stakeholder leadership and collaboration is essential for the oversight, strategic guidance, and improved planning of activities related to HRH. To this end, the HRH project will facilitate the establishment of HRH forums that will meet regularly both at the national and regional levels.

**Strengthen legal frameworks and mechanisms for licensure and regulation of health workers performance:** The GoE, through the Higher Education Relevance and Quality Agency (HERQA) and the Food, Medicine and Health Administration and Control Agency (FMHACA), has developed standards for educational accreditation and licensure and will be supported to strengthen legal frameworks and processes for effective and sustainable

regulatory systems. The project will work with key stakeholders to build regulatory processes consistent with policies established by the GoE and internationally-recognized best practices.

***Strengthen capacity for high-quality pre-service education***

Universities and colleges will be supported to improve the quality of pre-service education through various inputs such as strengthening curricula and infrastructure, improving faculty teaching skills, and implementation of the Standards-Based Management and Recognition (SBM-R<sup>®</sup>) quality improvement approach as a systematic way of routinely reviewing performance against agreed-upon standards, and taking action to address identified gaps. Clinical practice sites affiliated with the target schools will also be strengthened in an effort to ensure that students have access to practice the required competencies prior to graduation. To ensure sustainability, the project will institutionalize these and other quality improvement initiatives by supporting higher education institutions to establish health sciences education development centers.

***Standardize and Institutionalize In-service Training***

The HRH Project will support the FMOH's initiative to standardize and institutionalize in-service training through development of an in-service training strategy and guideline and provision of technical, material and financial support to build the capacity of training sites selected by the government.

***Research and Program Learning:*** To support evidence-based decision-making, the HRH project will conduct relevant, coordinated assessments, research and program learning, and will systematically capture and process information and document lessons learned in alignment with the GoE's HSDP IV and draft HRH strategic plan.

**3. Achievements to date by result areas**

***Project Start-Up Activities***

The HRH project conducted start-up activities to establish the foundation for strong programmatic and technical oversight and implementation. Appropriate personnel were recruited and mobilized, regional offices established, and relevant MOUs with key stakeholders developed and signed. The project also seconded staff to the FMOH to support various activities and build the capacity of the Agrarian and Pastoralists Directorates and FMHACA. In addition, Human Resources Management Officers were been seconded to the RHBs of the seven emerging regions.

The project conducted a series of planning and consultation meetings with the donor, implementing partners, stakeholders, and the Directorate for Human Resources Development and Administration (DHRDA) at the FMOH to refine and align the 5-year work plan, and ensure that FMOH priorities were appropriately addressed.

A rapid situational assessment on the current HRH situation in the country was conducted at FMOH, RHBs, FMHACA, HERQA and health training institutions. The report describes the existing HRH situation in the country by region, reviewed current initiatives and partnerships addressing HRH activities, identifies government priorities and support required in order to meet the goals in the HSDP-IV and the HRH Strategic Plan, and makes recommendations on

prioritization of HRH program activities based on geographic needs. The findings of this assessment were instrumental during the subsequent planning activities of the project.

On October 12<sup>th</sup>, 2012 the HRH Project was launched nationally in the presence of approximately 100 FMOH and RHB staff, partner organizations, and the then Minister of Health Dr. Tedros Adhanom. Regional launchings were also conducted in Amhara, Oromia, SNNP and Tigray. During these events the project goals and activities were presented to more than 2200 representatives from the RHB, Zonal and Woreda level administration, Universities and Regional Health Science Colleges, hospital managers and representatives from the civil service bureaus and the TVET.

*Selected Key Accomplishments by Result Areas:*

**Result 1: Improved Human Resources for Health Management**

**Ongoing Support for Establishment/Revitalization of HRH Forums**

The HRH project developed a terms of reference for establishment of national and regional HRH forums to improve coordination of HRH implementation. The TOR is currently under review by the FMOH. In addition, the HRH project facilitated discussions with the SNNPR RHB which resulted in a consensus that regular HRH forum meetings will be held beginning in August 2013. In Dire Dawa, a TOR clarifying the role of a HRH forum in the region was developed, reviewed and approved by the RHB, and eligible partners also identified. Similarly, a technical working group (TWG) was also established in Oromia to coordinate and support technical inputs related to HRH.

**Support selected government and private public health schools to design and provide postgraduate training in HRH Management and Health Economics**

The HRH project is supporting selected public health schools (Jimma, Gondar, Addis Ababa and Addis Continental) to establish post-graduate training in HRH management and health economics. Consultative meetings were held with leaders from each of the institutions, and subsequently, in May 2013, a task-force comprising of faculty from each of the schools began working on a needs assessment to identify core competencies required for a health economist and a human resources for health manager within the Ethiopian context.

The project then supported a blended learning workshop for 21 faculty, focused on analyzing the Ethiopian context, writing print-based learning materials, quality standards in blended learning, planning blended learning, assessment, and management and administration of blended learning. The project is now supporting faculty to develop curricula and training modules, with the goal of launching the project in January 2014.

**Desk Review of Motivation and Retention Schemes Completed**

A desk review and in-depth analysis of the existing motivation and retention strategies in the country was completed in February 2013. A literature review on motivation and retention practices in Sub-Saharan Africa with particular emphasis on the Ethiopian health sector was conducted, and key informant interviews were held with representatives from the FMOH, the Ministry of Civil Service, the Ethiopian Medical Association, the Ethiopian Public Health

Association (EPHA), Ethiopian Midwives Associations (EMA) and UNFPA. Senior, mid- and entry-level doctors, midwives and anesthetists were also interviewed to identify factors which determine their decision to stay or leave the public health system.

Findings from the desk review indicated that there are limited published systematic reviews of motivation and retention schemes in the country. However, the interviews suggest that there are various financial and non-financial retentions schemes currently being implemented by the government. Given the lack of systematic data, the project will move forward with conducting a comprehensive study on retention, and is currently working on finalization of a protocol which will be shared with the FMOH, USAID, and subsequently submitted for human subject's research ethical review.

### ***Human Resource Management Rapid Capacity Assessments***

Human Resources Management (HRM) rapid capacity assessments were conducted at 11 Regional Health Bureaus (Amhara, SNNP, Oromia, Addis Ababa, Gambella, Dire Dawa, Harari, Afar, Tigray, Somali, Benishangul-gumuz) and at the Ethiopian Midwives Association (EMA). In addition, at the EMA, an overall organizational capacity assessment was conducted using MSH's Management and Organizational Sustainability Tools (MOST). Each assessment was completed within two to three days, and consisted of a review of 20 management components divided into five broad management areas. The process was participatory and involved self-assessment, and as a result the RHBs and EMA identified their organizational and HRM strengths, gaps, and priority areas to improve their organizational and HR Management systems, policies and practices. Each organization developed a three-year plan of action for improvement, and a HRM capacity development report was developed to document the process and outputs for future reference.

Following the assessments, the HRH project provided ongoing support to the regions to implement their action plans. Activities included (but are not limited to):

- Providing technical support to the HRDM process of the Oromia RHB for the development of an ***exit interview checklist***. The checklist is expected to identify work related challenges that cause employees to resign;
- Supporting Oromia and SNNPR to adapt an ***employee orientation manual*** by taking into consideration the regional context. The development of the manual will support the induction and socialization process, in addition to creating a sound working environment for new employees;
- The Afar RHB reviewed and rationalized ***health workforce motivation and retention policies and strategies*** in the region with support of the project. They also decided that using their own funding, they will visit the Amhara and Tigray regions to learn about promising practices, and include the practices in their upcoming fiscal year budget. In Oromia, the HRH project supported a desk review on existing motivation and retention policies and practices in the region. The report will be communicated to RHB higher officials as an advocacy tool to conduct further studies that will help to analyze success, challenges and relevance of retention strategies in the region;
- Assistance was provided to the Tigray RHB for the development of a TOR that will guide the drafting of a ***HR strategic plan*** for the region.
- Addis Ababa and Afar RHBs ***recruited additional staff*** for the RHB HR support Process, Dire-Dawa RHB recruited and deployed HR staff for urban and rural kebele



health offices, and Somali RHB hired and deployed 2 HR experts at the RHB and 5 HRM experts for woredas.

- The project provided support to the Harari RHB to update their **supportive supervision checklist** and include activities related to HRM. The tools were subsequently used for supervision, and findings presented to the RHB to guide their 2006 EFY annual plan preparation.
- In Gambella, HRH staff participated in an exercise to collect and update the **employee profile (HRIS data)** on number and distribution, educational levels, years of experience, gender, salary level and related information for all staff working at the RHB, zonal and woreda health offices and health facilities.

### ***Review of organizational structure and staffing requirements of the HRA Case Team and RHBs***

The HRH project provided financial support to the FMoH for the organization of two consultative workshops on reviewing and finalization of career structure implementation guidelines in December 2012. Workshop participants included representatives from all regional health bureaus, Federal Hospitals and invited professional associations. As a next step, it was recommended that a Technical Working Group will conduct projections of financial inputs required to fully implement the career structure and submit the budget plan and implementation guidelines for approval by the council of ministers.

In addition, the project provided technical support to the Human Resources Administration (HRA) case team at the DHRDA to assess the current workload, review the organizational structure and staffing requirements, and to strengthen the human resource management. The review process and recommendations were documented in report titled “the HRA Case Team Organizational Structure Review and improvement Document”. The key recommendations included organizing the HRA Case team into three sub-teams: Personnel administration, motivation and retention and HRIS, and recruiting 9 additional positions to fill the expanded roles of the HRA functions.

The Manual was reviewed and approved by the Director of the HRDA and the State Minister for Health (Operations), and subsequently the project assisted the HRA Case team to develop job descriptions (JDs) for the additional positions and revise the existing JDs to fit into the revised and updated roles. In March 2013, the manual and JDs were submitted to the Ministry of Civil Service (MoCS) for their review and approval.

In Oromia, the HRH project supported the RHB to organize an advocacy workshop with the Oromia Bureau of Civil Service (OBCS), whose purpose was to initiate discussions to re-examine the current HR structure and staffing level with particular emphasis to zonal and woreda health offices level. A total of twenty-six (26) participants attended the workshop, and after extensive discussions, the OBCS agreed to revise the current HR structures at both the zonal and woreda levels. HR Posts at zonal health offices increased from two to three, and the job grade levels have been increase to professionalize HR functions. The woreda health offices will have two HR experts compared to only one in the past. The salary and job grades system have also been changed. This is a key step forward to improve the capacity of health system of the region.

In Amhara, the project also supported the review and redesign of HR structures and staffing levels at the zonal and woreda health offices.

***Employee Handbook***

HRH project staff worked with the HRA Case team to develop a 35-page employee handbook which will guide orientation of new staff recruited and placed at the FMOH. The handbook was developed based on the provisions of the Federal Civil Servants Proclamation 515/2007 and other relevant operational manuals and guidelines developed by the Civil Service Agency and/or FMOH. The draft handbook was submitted to the DHRDA for review, approval and dissemination to relevant units for use. The document will also serve as an internal bench mark for the Regional Health Bureaus, Federal Ministry agencies and hospitals, who can adapt it or use it to guide development of their own staff orientation documents.

***Job Satisfaction Survey - FMOH***

In collaboration with the human resources administration (HRA) case team at DHRDA, an employee job satisfaction survey plan and tools were developed and approved by senior level decision-makers. The survey questionnaires were distributed to 100 randomly selected staff at the FMOH. Analysis of the data and report preparation is underway. This activity created a good opportunity for HRH project staff to work closely with three staff from the HRA to transfer skills in designing the surveys, data management, report writing and planning for dissemination of findings for appropriate management decision-making. The HRA case team has planned to repeat this survey annually and use findings to monitor trends and address challenges in order to maintain a satisfied and productive workforce.

***Technical Support Provided for Development of a List of Standard and Essential Anesthesia Equipment***

The EAA actively participated in a national workshop organized by the FMHACA in collaboration with AIDSTAR ONE to develop a national list of standard and essential medical equipment. The EAA contributed to the list of required equipment and specifications as it relates to anesthesia. The final list has been submitted for approval to the council of Ministers for accreditation, Licensing and Quality assurance.

***Scope of Practice – Health Professional Associations***

A one week workshop was organized to create a forum for health professional associations to present the Scope of Practice for their respective professions. A total of 27 participants from 23 associations attended the workshop and presented and submitted their scopes of practice. Three professional associations (Ethiopian Neurologists association, Ethiopian Psychiatry Association and Ethiopian Radiologists Society) were not present at this workshop – the HRH project is following up with them and will collect their respective scopes of practice. In the same vein, the Ethiopian Association of Anesthetists (EAA) developed a scope and standard of practice for professional anesthetists. These documents will provide guidance and assistance to anesthetists and improve and maintain the quality and safety of anesthesia care. This comprehensive document has been submitted and presented to the FMOH and FMHACA for their review and approval.

### **Finalization of Midwifery Scope of Practice**

A final version of a scope of practice for midwives was submitted to the FMHACA for approval. Once approved, the HRH project will provide support for the conduct of a validation workshop to present the scope of practice to relevant stakeholders.

### ***Staff Seconded to the FMOH and FMHACA***

The HRH project has seconded five staff to the FMOH who are supporting various activities and building the capacity of the FMOH. Activities supported include:

#### FMHACA

- The general National Medical Equipment list for hospitals in Ethiopia (including specifications), was developed to help hospitals, medical equipment importers and regional regulators to control and regulate medical equipment procurement processes. In addition, medical equipment lists with specifications for primary and tertiary level hospitals are currently being adapted.
- Laboratory equipment transferred from EHNRI to the FMHCA newly built laboratory, and electrical installation and upgrading conducted at the FMHACA laboratory.
- Troubleshooting and maintenance of six uninterrupted power supply (UPS) for laboratory equipment, FMHACA laboratory equipment and distiller were conducted.
- Supported upgrading and installation of medical equipment
- Conducted regular medical equipment maintenance
- A training manual on medical equipment regulation for biomedical technicians and FMHACA was completed

#### Agrarian & Pastoralist Directorate

- Conducted a national TB/HIV TOT course for 60 participants
- Supported HEW training supervision in Afar region and supported HEW experience sharing visits of Afar region from Amhara.
- Reviewed and adapted national immunization guideline in the context of pastoralist community
- Conducted social mobilization meetings and events using traditional birth attendants in Gambella region
- Conducted advocacy meeting on maternal health and institutional delivery in Afar region

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

#### **Task Analysis Workshop for Anesthesia, Midwifery and HEWs**

The HRH project supported the conduct of task analysis expert panel workshops for midwifery, anesthesia and HEWs professionals. Three 3-day workshops were conducted for 24 anesthesia professionals, 19 midwifery professionals and 30 HEW health professionals. The workshops created consensus on the need to conduct task analysis periodically to provide evidence for health systems strengthening. During the workshop, experts validated draft task lists for midwifery, anesthesia and HEWs and identified priority areas that could be impacted by the results of task analysis. The top priority areas were strengthening pre-service education, developing in-service training/continuing professional development and revising

scope of practice. As next step, the Project will submit protocol for IRB clearance and conduct the task analysis survey with midwifery, anesthesia and HEW professionals to determine gaps in education and practice.

### **Develop educational standards for midwifery, anesthesia and HEWs**

The HRH project provided technical assistance for the drafting of cadre specific pre-service education standards for midwifery, anesthesia, and health extension workers. The draft standards were subsequently piloted at 9 universities and health science colleges in Addis Ababa, Tigray, Oromia, and SNNP regions from October 30 –November 2, 2012. The educational standards were reviewed in a stakeholders' consultative workshop on November 6 and 7 and finalized. Thirty three participants drawn from FMOH, TVET, HERQA, four professional associations, four Regional Health Bureaus, four universities, and four regional health science colleges participated.

### **Anesthesia Capacity Assessment**

The HRH project supported the FMOH Anesthesia Education Initiative team to conduct a capacity assessment and preliminary meeting at Jigjiga Health Science College, in preparation for the establishment of an Anesthesia department. In addition, a technical update training focusing on infection prevention and patient safety was provided for anesthetists who are currently serving as preceptors and tutors/instructors for anesthesia students.

### **Development of Competency-based Learning and Assessment Tools for Anesthesia Students**

The EAA conducted a 3-day workshop on competency based learning and assessment tools development for 30 participants from all Universities and Regional Health Science Colleges in the country that have an anesthesia teaching department. During this workshop, participated developed learning tools and tools for assessment of competency.

### **Effective Teaching skills Training for Anesthesia Instructors**

The HRH project facilitated Effective Teaching Skills (ETS) training for 21 anesthesia instructors from Oromia, Amhara, Somali, SNNPR and Tigray. The training aimed to support participants to improve their teaching skills by effective planning, use of visual aids and interactive presentations, management of clinical practice, use of knowledge and performance assessments, etc. It is expected that the training will enhance the capacity of the regions to launch anesthesia Level V training programs.

### **Finalization of Midwifery Promotional Materials**

The HRH project finalized messages for Television, Radio and Print media to promote midwifery for the primary target groups (high school & university students). A booklet with the following themes was also finalized:

- ✓ *Midwifery An Age-Old Profession*: Describes the history/evolution of midwifery and its current status;
- ✓ *Dialogue between "Hana and Meron"*: Hana and Meron are fictional characters representing high school students who are in search for a profession to study. It answers

the potential questions by high school students as it relates to selecting midwifery as an option.

- ✓ *Testimonials:* This section contains testimonials of selected midwives in different positions/roles of jobs.
- ✓ *Serving Community, Getting Ultimate Satisfaction:* This is a fictitious story that illustrates the MNCH challenges faced in a society, and the journey of a dedicated girl who becomes a midwife in order to solve the problems of the community and accomplish her professional goals.
- ✓ *Educational Opportunity and Promotion:* This section describes the various opportunities available in the midwifery profession.

Upon review of the FMOH, final versions of the materials were printed (14,000 Amharic and 3,000 English versions), and messages were broadcast through the Ethiopian Television (ETV);

### **Promotion of Midwifery in High Schools**

The HRH project conducted promotional activities at 40 high schools in six regions (Amhara, Oromia, SNNPR, Afar, Benishangul, Addis Ababa) from May 25 -June 10, 2013; During this activity, 17,423 students in grade 10 and 12, were provided with an orientation on the profession of midwifery, and were provided with promotional materials.

### **Review of the accelerated midwifery training program**

The HRH project supported a review of the experiences in implementation of the accelerated midwifery training program. Fifty-six participants from 15 colleges attended and shared their accomplishments, challenges, good practices and recommendations in regards to the accelerated midwifery training.

### **Conduct SBM-R Workshops for target schools and universities in all regions**

Standards Based Management and Recognition (SBM-R) workshops were conducted for 266 teaching staff from midwifery, anesthesia, and health extension worker schools. The workshops trained participants to prepare for and initiate the SBM-R process in their training institutions, including conducting baseline assessments, identifying performance gaps, conducting a cause analysis of the gaps identified, and developing operational action plans focused on rapid interventions. SBM-R serves as an internal quality improvement process for educational institutions.

### **Preparing senior students to coach and supervise junior students**

The HRH project is supporting innovative approaches to reduce the burden on the limited number of teaching staff in midwifery and anesthesia programs. This includes working with senior students to coach junior students. In Oromia, the HRH project has had discussions with stakeholders and has learned of the “one-to-five” strategy designed by the government where students in one batch are clustered into groups of five. In some collages (Nekemete & Metu Health Science Collages) instructors are using this structure to facilitate class room and practical teaching. The HRH project is having ongoing discussions to explore the possibility of expanding upon this strategy to include coaching of junior students by senior students, particularly in the skills labs.

### **Regional Health Science Colleges Forum**

In collaboration with the FMOH, the HRH Project supported a forum for regional health science colleges in Harar. Sixty one participants from 19 colleges and other stakeholders presented their accomplishments, challenges and good practices for others to learn from. The HRH Project will continue to organize such forums annually.

### **Curricula Development**

The HRH project supported review of occupational standards and the development and/or revision of curricula for nine cadres: Medicine, HEW level III, HEW level IV, Midwifery level V, Midwifery Master level, Emergency Medical Technician level III, Neonatal ICU level V, Biomedical engineering level V and OR nurse level.

### **Development of Innovative Curricula for Medicine and Midwifery**

The Debre Tabor University, one of the new universities in the country, asked the HRH Project for support to open midwifery and medicine programs that use innovative curricula. In response to this request, the HRH project provided technical and financial support to the University to develop innovative curricula for both medicine and midwifery building on the best features of existing programs in Ethiopia and blending them with the latest thinking in curriculum design. Innovative features of the curricula include the following: competency-based curricula (incorporating principles of alignment of learning outcomes, assessment tasks and learning methods, learning hierarchy to ensure higher learning is complex learning with progression from simple to complex, and learning domains with a balance of knowledge, skills and attitude), problem-based learning used as a learning method throughout the training program, horizontal and vertical integration, early clinical exposure, community-based training and inter-professional education.

### **Effective Teaching Skills Training**

Three Effective Teaching Skills (ETS) training workshops were conducted for 110 instructors from 38 institutions. The training strengthened participants teaching skills, including effective planning, use of visual aids and interactive presentations, management of clinical practice, use of knowledge and performance assessments, etc. Participants were drawn from HEW, Anesthesia and Midwifery programs.

### **Scrub Nurse Training**

The HRH project provided financial support for the training of 36 Scrub Nurses to be deployed in 18 newly established primary hospitals in Tigray.

### **Training of Trainers on Emergency Medical Care**

The HRH project provided financial support to the FMOH for the conduct of a ToT on Emergency Medical Care for 25 participants from Regional Health Science Colleges on November 19-23, 2012 at the Black Lion Hospital.

### **Simulation Training**

One 5-day simulation training workshop was conducted for a total of 32 instructors from 19 universities and colleges. The training introduced key concepts of simulation and benefits of

simulation-based training, and provided participants with skills on the use of simulation to effectively facilitate competency based training.

### **Result 3: Improved Quality of pre and In-service Training of Health Workers**

#### **Institutionalization of In-Service Training (IST)**

Revisions of the National In-Service Training Implementation Guide were undertaken based on comments from FMOH officials and submitted for final review and approval. Subsequently, the HRH project supported an IST launching workshop conducted in Addis Ababa from April 23 – 24. A total of 55 participants from FMOH, RHBs, universities, regional health science colleges and partners attended the workshop, during which the IST strategic framework and IST implementation guideline were officially launched. The project also supported the development and implementation of an IST database linked with the HRIS software at the FMOH. The IST database has added detailed information to HRIS in terms of training, trainer, participants and other relevant data. This upgraded version of the HRIS is planned to be distributed to RHBs in the next quarter.

#### **Continuing Professional Development**

National Continuous Professional Development (CPD) guidelines for health professionals were developed by the CPD Technical Working Group and a stakeholder's consultative workshop held in early October 2012 to review the draft. The HRH project supported the FMHACA to finalize the guidelines, and the CPD Directive has been approved and signed by the Food Medicine and Health Care Administration and Control Agency. The directive will provide a legal framework for any stakeholders who are providing CPD related activities.

The HRH project also conducted an advocacy presentation on CPD Accreditation at the annual professional conferences of the Ethiopian Medical and Public Health Associations.

#### **Advocacy Workshop for FMHACA Regional Regulatory Bodies**

The HRH project supported FMHACA to organize a one-day advocacy workshop with regional regulatory bodies and Regional Health Bureaus. The direction of the government regarding continuing professional development, scope of practice, ethical and competence review system and licensing and registration of health professionals and collaboration between FMHACA and Jhpiego to strengthen systems for the same were discussed and the engagement and support of the regions for its realization requested.

#### **Accreditation Training (HERQA)**

The HRH project supported HERQA to conduct a 2-day accreditation training for 100 assessors. The training built the capacity of the assessors as it relates to higher education accreditation principles, laws, and activities in Ethiopia.

In addition, the HRH project provided support to HERQA for the finalization of 13 institutional quality audits of 13 health training universities & colleges. The final reports were sent to the respective institutions. Support was also provided to HERQA for the development of a concept note for the establishment of a TWG for higher education quality assurance and accreditation.

### **Generic educational standards for healthcare workers**

The HRH project provided technical assistance for the drafting of generic pre-service education standards for health workers. The draft standards were subsequently piloted in selected training institutions. The educational standards were reviewed in a stakeholders' consultative workshop on November 6 and 7 and finalized. Thirty three participants drawn from FMOH, TVET, HERQA, four professional associations, four Regional Health Bureaus, four universities, and four regional health science colleges participated.

### **Establishing/Strengthening Health Sciences Education Development Centers in health teaching universities and RHSCs**

Two one-day consensus building workshops for establishing and/or strengthening health science education development centers (HSEDCs) were conducted for universities and colleges in quarter two. Sixty two representatives from 28 health training universities and 70 representatives from 19 regional health science colleges participated in the workshops. The HSEDCs will serve as institutional mechanism to sustainably promote and lead educational quality management and improvement processes, faculty development initiatives and in-service training of health workers, among other things. Representatives from the FMOH, Higher Education Relevance and Quality agency (HERQA), Federal Ministry of Education (FMOE), private colleges association, and USAID also attended the workshop.

### **Conduct Training of Facilitation (TOF) on SBM-R including supervisory skills training**

A 4-day TOF workshop on SBM-R module one was conducted for 29 representatives from established or would-be established Health Science Education Development Centers at Mekele, Jimma, Gondar, Wollo, Haramaya, and Hawassa Universities, and representatives from the FMOH, FMOE, and HERQA. The workshop, which was conducted from December 11-14 at Bahirdar, is one of the key activities required to develop a robust internal quality assurance system. The trained HSEDCs are expected to scale up the initiation and implementation of SBM-R to other health science colleges in their regions.

### **Strengthening of Teaching/Learning Infrastructure**

Based on baseline assessments conducted by the target institutions, and in careful review of supply and equipment needs as it relates to relevant curricula, the HRH project initiated procurement of equipment and supplies to be donated to the institutions, including buses, computers, books, and skills lab equipment. The procurement process is ongoing.

### **Gender and Assertiveness TOT training**

From June 17 – 22, training on gender and assertiveness was conducted for 20 gender office focal staff from 19 regional health science colleges and 1 university. The training focused on building the capacity of the participants to provide courses on life skills for female students, effectively counsel students and provide them with psychosocial support, and overall, strengthen the role of gender offices in supporting female students. The participants developed action plans identifying next steps required to strengthen their respective gender offices/clubs.



### **Consultative Meeting on HEW Upgrading Training**

On April 18 – 19, 2013, a consultative meeting was held to review the current experiences, challenges and lessons learned during the implementation of HEW training. Fifty representatives from the FMOH, RHBs, TVET Agencies, RHSCs and partner organizations such as AMREF participated in the meeting. Regions presented their accomplishments, challenges faced and lessons learned in implementation of HEW training. Using force-field analysis, participants identified facilitating and constraining factors to HEW training in their respective regions. The timing of Certificate of Competency (COC) exam as it relates to HEW upgrading was a major discussion point as there was variation in understanding and implementation among the regions. FMOH representatives clarified that candidates should pass COC exam before deployment to work as level HEW preferably before admission to an upgrading training. With regards to blended learning, most regions did not even try it and was deemed by the regions as a failure. A number of reasons were given for the failure including, but not limited to, language and capacity limitation on the part of the learners to learn by themselves. During the meeting recommendations were also given that technical updates should be provided to regional health science college instructors, and skills labs strengthened.

### **Knowledge Management (KM) Workshop**

A Knowledge Management Workshop was conducted for 13 participants from the Federal Ministry of Health, USAID, and HRH project staff, focusing on the definitions, and use of KM for program management, ways to repackage and reuse program learning into various communication vehicles to reach multiple audiences, dissemination platforms, such as partner websites, the Implementing Best Practices Knowledge Gateway, USAID's Development Experience Clearinghouse, and the Johns Hopkins Center for Communication Programs' POPLINE bibliographic database, etc. At the conclusion of the workshop, and online discussion form was set up for participants to continue their interactions with each other as they develop their own KM plans for the FMOH.

### **Problem-Based Learning workshop for the universities and medical colleges implementing the new medical curriculum to develop expertise in PBL**

A six-day training on Problem Based learning (PBL) was conducted for 53 participants (51 participants from 13 medical schools implementing the New Medical Education Initiative (NMEI) and 2 participants from St. Paul Hospital Millennium Medical College). The aim of the training was to prepare faculty for effective implementation of the innovative medical curriculum with a focus on understanding the principles behind PBL, constructing PBL cases, and effective tutoring of PBL sessions.

FMOH and Jhpiego subsequently conducted joint post-training supportive supervision visit to Dire Dawa University, School of Medicine from December 19-21, 2012 to mentor faculty in implementing problem-based learning, monitor the transfer of learning after training in the context of the action plan developed, and resolve implementation challenges with collaborating clinical education sites. The results were encouraging.

### **Effective Teaching Skills Training**

Two Effective Teaching Skills (ETS) training workshops were conducted for 65 instructors. The training strengthened participants teaching skills, including effective planning, use of

visual aids and interactive presentations, management of clinical practice, use of knowledge and performance assessments, etc. Participants were drawn from seven universities and 23 integrated emergency surgical officers training hospitals.

### **Simulation Training**

One 5-day simulation training workshop was conducted for a total of 33 instructors from 15 universities and colleges. The training introduced key concepts of simulation and benefits of simulation-based training, and provided participants with skills on the use of simulation to effectively facilitate competency based training.

### **Multi-Media for Learning Workshops (MM4L)**

Two MM4L Workshops were conducted for 48 participants from 14 universities and 4 regional health science colleges. The participants included a mix of both health professions faculty as well as ICT professionals. The training prepared participants to collaborate on the design, development and delivery of instructionally sound, competency-based multimedia learning materials that successfully bridge learning between the classroom, skills lab and clinical sites.

### **Curriculum Development**

The HRH Project provided technical inputs in the review of the curricula for postgraduate specialty training in surgery organized by St. Paul Millennium Hospital Medical College.

### **Review Meeting on Cooperative Training – Oromia**

From May 10 – 11, 2013, the HRH project supported a review meeting in Oromia where 140 participants reviewed the collaboration between Regional Health Science Colleges and clinical practice sites (hospitals and health centers), with the intention of strengthening the practical skills of health science students. Colleges presented their experiences and challenges with providing cooperative training, and discussed ideas for improvement moving forward. During this meeting, the RHB Human Resources Process Owner also presented on the regions human resource development and management plan, including its implementation, challenges and lessons learned.

### **Knowledge Assessment for Nurses and Midwives**

Upon request of the Tigray RHB, HRH project staff participated in the conduct of a knowledge assessment for nurses and midwives working in 12 hospitals located in the region, with the intention of identifying current gaps. The RHB has planned to conduct a competency assessment as a follow-up to this activity. Since a number of these hospitals are also used as clinical attachment sites by the universities and regional health science colleges that the HRH project is supporting, information on gaps will be used to further strengthen skills and competencies of the providers, as this ultimately should improve their role as preceptors for students.

### **Support Ethiopian Medical Laboratory Association (EMLA) Annual Conference**

The HRH project provided financial and technical support for the EMLA annual conference. The support included making a presentation and participation in a panel discussion on the HRH situation in Ethiopia, and the roles of professional associations in addressing the challenges; The project also presented an update on continuing professional development

activities and discussed roles of health care providers and professional associations in CPD. In addition, HRH project goals, objectives and key activities in relation to professional associations were presented and discussed during the conference.

#### **Result 4: Program Learning and Research Conducted**

##### **HRH baseline survey**

The HRH baseline survey was conducted at the FMOH, 11 RHBs, 85 Zonal health departments, 86 randomly selected Woreda health offices and 42 regional health science colleges and universities that offer midwifery, anesthesia and /or HEWs trainings. Intensive training on data collection techniques was conducted from November 28 to 30, and a total of 22 data collectors and 2 supervisors were deployed from December 5-19, 2012. Data analysis was completed and a report is currently being finalized.

##### **Conduct of Research Study: Achievement of Competencies of Midwifery and Anesthesia Students in Ethiopia.**

The HRH project conducted a large scale study with the aim of obtaining baseline information regarding the competency of midwifery and anesthesia students graduating from pre-service institutions. It is expected that after two years, a follow-up study will be conducted to evaluate the effects of the various interventions implemented by the project on the core competencies of students. A representative sample of 485 midwifery graduates and 122 anesthesia graduates were assessed using an objective structured clinical examination (OSCE) approach.

The study was conducted by 54 midwifery and anesthesia instructors who have extensive experience teaching and assessing students; HRH technical experts provided three days training for the assessors.

##### **Study Protocol Development**

The HRH project is developing research study protocols for the following studies:

- Study investigating the working conditions, job satisfaction, motivation and retention factors that may be leading to stay/leave decisions for public sector health workers in Ethiopia.
- Assessment of current capacity of target institutions to provide and manage continuing professional development, health care providers ethics, and health care provider competence.
- Task Analysis for Midwives, Anesthetists and Health Extension Workers

Study protocols will be finalized, submitted for ethical review, and shared with the FMOH and USAID for comments.

##### **Developed HRH project monitoring tools**

Standardized routine data collection and reporting tools are crucial for the effective monitoring of the HRH project activities at FMOH, RHBs, ZHDs, WoHOs and training institutions. The HRH project M&E team developed routine monitoring and supportive supervision checklists to measure key performance indicators of the project. These include supportive supervision checklists, a field trip activity report format and training report format and data quality assessment checklists. An M&E guide was also developed to standardize an

effective monitoring and reporting system for the HRH program at regional offices and partners.

### **Developed Supportive Supervision Checklist for Anesthesia Colleges**

The HRH project drafted comprehensive supportive supervision checklists to be used during supervision at Anesthesia teaching colleges. The draft checklist has been submitted to the FMOH for their review and approval.

### **Monitoring and Evaluation (M&E) Training**

A 3-day M&E training was conducted for HRH staff and local implementing partners. The purpose of the training was to standardize monitoring and reporting systems and capacitate M&E officers on monitoring, data management, routine data quality assessments, supportive supervision techniques, writing success stories, human subject's protection for research, general study design/research principles, etc.

### **Integrated Supportive Supervision (ISS)**

The HRH project provided financial support to the Tigray RHB for the conduct of integrated supportive supervision activities conducted in Woreda health offices, hospitals, health centers, health posts and health development armies. The ISS was led by the RHB, and focused on identifying gaps in service delivery, health systems strengthening, supply chain management, etc.

### **Supportive Supervision**

The HRH project conducted various supportive supervision visits to ensure transfer of learning after training, monitor project implementation, support SBM-R, and strengthen implementation of activities.

Some key findings from the supportive supervision include:

- ✓ Universities and colleges have used the SBM-R process to conduct baseline assessments, identify performance gaps, and develop action plans. In some cases, such as Samara University, the SBM-R team members in the university effectively advocated for the purchase of models and skills equipment to meet gaps in skills labs, using the universities own resources (in this instance, 300,000 Birr);
- ✓ Faculty are using their recently acquired knowledge and skills to enhance learning – for example, use of story boards to develop midwifery training materials
- ✓ Schools are developing MOUs with practicum attachment sites, outlining the tasks and competencies that the students are expected to perform (example Mekelle University)
- ✓ Faculty have oriented faculty from other departments such as Medicine, Public Health and Nursing on the SBM-R approach (example Axum University)
- ✓ To facilitate improved learning, class sizes for HEW students have been reorganized to the standard of 30 students per class (Araya Kahu Health Science College).
- ✓ Institutions continue to face challenges related to high staff turnover, shortage of staff, and inadequate supplies of equipment and supplies;
- ✓ The one-five student support approach has improved academic performance of students;

#### **4. Lessons learned**

- Ongoing efforts to coordinate with the FMOH and RHBs are necessary to ensure alignment with their plans and priorities, and minimize ad-hoc requests.
- Universities and Colleges continue to face challenges related to high staff turnover, shortages of staff, and inadequate equipment and supplies; Efforts will be made to support procurement of supplies to meet these gaps, as well as encourage institutions to identify and prioritize their existing resources in order to strengthen infrastructure.
- HRIS is not yet fully functional in the regions, and given its critical role as a source of data relevant to the HRH project inputs, efforts will be made to advocate with the FMOH and other implementing partners to ensure that the HRIS is strengthened.
- There is a high demand and expectation from the FMOH and stakeholders as it relates to HRH activities. The project will need to work closely with the FMOH and donor to prioritize requests in alignment with the project goals and objectives.

#### **5. Implementation and coordination strategies**

The HRH project leadership has been participating in weekly meetings with the HRDA team, to ensure that the FMOH is aware of and contributing to project implementation.

Pending approval from the FMOH, the HRH project will also facilitate the conduct of regular national and regional HRH forum meetings that will bring together key government and private stakeholders, including the Federal Ministry of Health (FMOH), Regional Health Bureaus (RHBs), Federal Ministry of Education (FMOE), Higher Education Relevance and Quality Assurance (HERQA), Higher Education Strategy center (HESC) professional councils, professional associations, health facilities, universities and RHSCs.

Whenever possible, the project will identify opportunities for partnership and leveraging resources, such as collaborating with AMREF on activities related to HEWs training.

## **III - Work Plan**

### **RESULT 1: IMPROVED HUMAN RESOURCES FOR HEALTH MANAGEMENT**

#### **IR 1.1 Improved HRM Capacity**

The project will capitalize on the achievements in the past program year to finalize the national HRH strategic plan, develop/adapt regional HRH Strategic plans, and implement HRM rapid capacity assessment action plans in all regions. Effective implementation of the action plans will strengthen HR structures and staffing at all levels, improve recruitment, orientation and deployment practices, enhance performance planning and management including implementation of balanced score card (BSC) systems, and facilitate data-driven decision-making. The project will also provide support the process of updating job descriptions for HR functions, develop and conduct HRM in-service trainings, study, design and implement evidence-based motivation and retention strategies, and strengthen collaboration and partnership through facilitation of regular national and regional HRH forum meetings. The FMOH and FMHACA will also be supported to strengthen HR regulation at national, regional and local levels.

#### ***Sub IR 1.1.1. Conduct Human Resource Management (HRM) Capacity Assessments for DHRDA/FMOH and FMHACA***

The human resource management (HRM) capacity assessment is a facilitated self-assessment exercise to identify strengths and gaps in human resources management systems, policies and practices. The exercise is facilitated by using the HRM Rapid Assessment Tool (HRM RAT) designed for use by health managers. The tool contains 20 human resource management components in five broad HRM areas. These broad areas are HRM capacity (staff, planning and budgets), HR policies and practices, HRM data, Performance Management, and Training and staff development.

#### **Activity 1.1.1.1. Conduct HRM Rapid Assessments for DHRDA/FMOH, and DHIPL/FMHACA.**

In Year one, the HRH project conducted 13 capacity assessments, and in this year, HRM rapid capacity assessments will be conducted at the FMOH and FMHACA. This process will identify strengths and gaps in HRM in these organizations, and prioritize identified gaps. A three-year action plan will be developed in each organization based on gaps identified and prioritized. The action plans are a framework to improve overall HRM policies and practices in these organizations. The following activities will be conducted:

#### **Activity 1.1.1.1 Conduct HRM Capacity Assessments at the DHRDA/FMOH and DHIPL/FMAHACA**

**Activity 1.1.1.2** Support development of action plans based on the results of the capacity assessments.

***Sub IR 1.1.2 Strengthen HR structure, budget and staffing levels at FMOH, RHBs, Zonal and Woreda Health Offices***

**Activity 1.1.2.1** Support the FMOH to review the existing HR structure to increase number of HR positions and professional qualifications of HR staff at RHB, ZHD and Woreda offices

**Activity 1.1.2.2** Provide support to RHBs to organize a consultative meeting and finance one meeting per region to secure approval of the new positions from the Regional Civil Service Bureaus (10 regions, as Oromia has completed this activity)

**Activity 1.1.2.3** Provide ongoing inputs and support to the RHBs to fill vacant HR positions at RHBs, zonal and woreda health offices (including developing job specifications, CV reviews, interview skills etc)

**Activity 1.1.2.4** Support secondment of a HRM Advisor to the FMOH

***Sub IR 1.1.3. Improve HR Budgeting capacity at FMOH, RHB, and Zonal and Woreda levels***

**Activity 1.1.3.1.** Develop guidelines and tools to strengthen HR planning and budgeting at national and regional levels

The HRH project will develop guidelines and tools to strengthen HR planning and budgeting at national and regional levels. The guideline and tools will be developed at the end of second quarter, and will be tested during the upcoming operational planning at FMOH, RHBs and sub-regional levels.

**Activity 1.1.3.2. -1.1.3.4.** Provide inputs and guidance to the RHBs to adapt HR planning and budgeting guidelines and tools

In the third quarter, the project will work with all regional health bureaus to adapt and use the national guidelines for HR planning and budgeting. This period coincides with the planning period of the government, and is an ideal time to introduce the guidelines and test the tools. Subsequently, the project will provide support to the DHRDA, RHBs and sub-regional levels in developing well-costed HR plans for respective levels. This will also include advocacy and consultative meetings with the regional civil service and finance bureaus of finance to create separate budget codes for the HR functions at all levels.

In addition, the project will work closely with DHRDA and RHBs to identify training opportunities in budgeting and financial management for HR managers. It is anticipated that approximately 30 HR managers and staff from DHRDA and RHBs will receive financial management training before the HR annual planning commences. This will give the HR staff confidence to develop as well as present budgets for their planned activities.

**Activity 1.1.3.5.** Develop a system and tools to strengthen monitoring and evaluation of planned HR activities at FMOH, RHBs and sub-regional levels

The HRH project will develop tools to strengthen monitoring and evaluation of planned HR activities at FMOH, RHBs and sub-regional level.

**Activity 1.1.3.6** Provide necessary supplies to modernize the archive systems at the FMOH and RHBs

The HRH project will provide financial support to the FMOH and RHBs to modernize their archive systems, including procurement of a heavy-duty scanner, sliding shelves, and

development of a TOR outlining the specific technical assistance to be provided and roles/responsibilities of the FMOH and the HRH project.

***Sub IR 1.1.4. Human resources Data Collection and Use system***

**Activity 1.1.4.1** Support the RHBs to complete HR data entry

HRM rapid capacity assessments at the RHBs have revealed that HR data is not complete at all levels and thus poses a great challenge to effective HR planning and management. The DHRDA in collaboration with Tulane University recently provided training to HR staff from the RHBs on effective use of the HRIS, and HRH project staff including 11 regional HRH Management officers attended this two-day training.

RHBs have requested for inputs to speed up HR data entry, and the HRH project is responding these requests from the RHBs to clear the HR data backlogs, including hiring temporary data clerks to enter all outstanding data. This short-term support will be followed by on-the ground, hands on technical support from regional HRH Management offices.

**Activity 1.1.4.2.** Provide paper-file holders, filing cabinets and related material inputs to organize the personnel files at FMOH, RHBs

One of the key gaps identified in the HR data system was lack of or incomplete personnel files at the RHBs. All RHBs have planned to review and update their personnel files, first at the RHBs level and subsequently at the zonal and woreda health offices. Many regions have requested technical support such as developing a list of items (checklist) outlining what should go into the personnel files. Regional HRH Management Officers are working closely with the HR support process staff to respond to these requests. The project staff are also assisting with sorting and updating the files.

In addition, RHBs have requested for material inputs such as file holders, cabinets and/or shelves to create a structured filing system. In collaboration with the RHBs, project staff are compiling these requests, and support of these materials will be provided based on budget availability and alignment with work climate improvement plans. Generally, priority will be given to FMOH and RHBs while advocating for planning and budgeting for such inputs from the government budgets for the future.

**Activity 1.1.4.3.** Provide input and guidance to RHBs and FMOH for the collection of quarterly HR data reports in line with the national HRIS guidelines

As needed, regional HRM officers will provide guidance and inputs to the RHBs during HR data collection and development of quarterly reports as per the national HRIS guidelines.

**Activity 1.1.4.4.** In collaboration with the FMOH and other stakeholders such as CDC and Tulane, conduct an assessment of the current HRIS system as it relates to data required for successful monitoring of the HRH project.

***Sub IR 1.1.5 Improve performance management systems and practices***

**Activity 1.1.5.1** Provide inputs and guidance to FMOH and RHBs in reviewing/updating job descriptions and providing copies to all staff.

According to the HRM capacity assessment findings, JDs do not exist for all staff, and even when JDs are available, they do not always clearly reflect the current roles and responsibilities that the staff are tasked with. To address this need, the HRH project will



support the FMOH and RHBs to review/revise existing JDs, and develop new JDs for positions that do not have one. Subsequently, efforts will be made to ensure that all staff receive copies of their current JDs.

**Activity 1.1.5.2.** Integrate HR activities into the existing integrated supportive supervision (IS) checklist at the DHRDA.

There is a well-established system for integrated supportive supervision of health programs at all levels of the health sector. However, supervision does not include the support functions such as human resource activities. The HRH project will provide technical support to the FMOH and RHBs to review and update the existing integrated supportive supervision checklists to include items related to HR performance. This will ideally take place during preparations for quarterly supportive supervision. These checklists will be used by the DHRDA to supervise and support HRDA support process at the RHBs.

**Activity 1.1.5.3.** Integrate HR activities into existing integrated supportive supervision (IS) checklists at 11 RHBs (to support ISS at the zonal and Woreda health offices).

Like the FMOH, Regional health bureaus have their own region specific program integrated supportive supervision checklists in which HR activities are typically not well addressed. They are using this tool to monitor zonal, Woreda health office and health facility level activity implementation against the plan. With support from the HRH project, the HRDA support processes will review and integrate HRDA activities into the existing integrated supportive supervision checklists, to enable them to supervise HR functions at zonal and woreda health office levels.

**Activity 1.1.5.4** Provide inputs and finance or guidance to the RHBs to implement the Balanced Score Card (BSS) system in place.

The Balanced Score Card system is a means for joint planning and performance measurement in which staff and supervisors sit together and prepare work plans jointly. Four big regional health bureaus have started the implementation of the BSC system, but there are some challenges and regional variations. The HRH project will provide coaching to HR staff and managers to strengthen implementation of the BSC system.

**Activity 1.1.5.5** Provide inputs and guidance to supervisors and employees in developing individual performance plans including agreeing on performance goals jointly.

It has been observed that staff often work on ad-hoc activities which are not subjected to regular performance measurement procedures, and there is a lack of use of performance goals to assess individual performance. To address this need, the HRH project will provide on the job support to supervisors and employees to help them develop performance objective goals and detailed activity plans. It is hoped that this will develop a culture where supervisors and employees work together to develop plans and goals related to performance, and then use these goals to review performance at the end of a given period.

***Sub IR 1.1.6 Facilitate twinning between the Ethiopian DHRDA with counterparts in other countries***

The HRH project will facilitate twinning between the DHRDA and other similar countries that have strong human resource management systems and functions. The aim of the twinning is to facilitate learning through exchange of ideas and sharing of experiences.

**Activity 1.1.6.1** Finalize a desk review to identify countries with good HRM systems and practices.

In collaboration with the DHRDA, the HRH project will identify countries strong human resource management systems and practices.

**Activity 1.1.6.2** Organize twinning visits for representatives from the DHRDA (2), RHBs (11) and the HRH project (1) document lessons learned

Twinning arrangements will be made with similar organizations from the selected country to support sharing of experiences and lessons learned that will assist in effective implementation of HRM reform activities. Thoughtful discussions will be made during the experience sharing visits with the selected countries to document lessons learnt and enabling factors. HRM leaders and managers will be selected from the FMOH and 11 regional health bureaus.

**Activity 1.1.6.3** Organize a dissemination workshop to share lessons learned from the twinning visit.

The project will support the DHRDA to organize and conduct a one-day workshop to disseminate the experience/lessons learned from the twinning visit. Participants from the FMOH, RHBs and other key stakeholders will be invited to participate in this national-level event, and they will be encouraged to incorporate the lessons into their work plans, in order to speed up implementation of HRM activities.

***Sub IR 1.1.7. Strengthen Leadership, Management & Organizational Capacity of Local Associations (EMA and EAA)***

The HRH project has supported the EMA and EAA to implement action plans resulting from MOST<sup>2</sup> and HRM Rapid assessments which were conducted in Year One. This will strengthen their organizational and HRM capacity as HRH project implementing partners and ensure that inputs are sustainable beyond the project. The following key activities are planned to support these associations:

- Activity 1.1.7.1** Develop/adapt a governance training package for the Board and Management staff
- Activity 1.1.7.2** Conduct a 4-day governance training for the Board and Management team from the two organizations.
- Activity 1.1.7.3** Identify opportunities for EMA/EAA executive management staff to participate in leadership training
- Activity 1.1.7.4** Develop a resource mobilization training package
- Activity 1.1.7.5** Conduct resource mobilization training
- Activity 1.1.7.6** Support participation of EMA/EAA HR managers and staff with

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<sup>2</sup> MOST: Management and organizational Sustainability Tools

- supervisory roles in the HRM training conducted for Addis Ababa RHB staff
- Activity 1.1.7.7** Provide guidance and input to HR Managers to develop/adapt and implement staff HR Policy guidelines
- Activity 1.1.7.8** Conduct quarterly visits to EMA/EAA to support the implementation of HRM and MOST Capacity Assessments action plans

## **IR 1.2 Improved HRM Motivation and Retention Schemes according to the Country**

### **Context**

In the first year of program implementation, the HRH project completed a desk review on existing motivation and retention schemes in Ethiopia. Lack of systematic review and documentation of existing practices prompted the decision to conduct a comprehensive retention study that will be completed in Year 2. Findings from this study will inform planning and implementation of effective health workforce motivation and retention strategies at national, regional and local levels.

### ***Sub IR 1.2.1. Finalize and disseminate the Retention Study Results***

**Activity 1.2.1.1.** Support the FMOH to conduct a health workers retention study titled "Investigation of the working conditions, job satisfaction, motivation and retention factors that may be leading to stay/leave decisions for public sector health workers" (data collection, analysis and report writing) -- See IR 4 below

**Activity 1.2.1.2** Support the FMOH to conduct a dissemination workshop to share study findings and advocate for implementation of recommendations resulting from the study  
A one-day workshop will be organized to disseminate the retention study findings to key stakeholders at national and regional levels.

**Activity 1.2.1.3** Collaborate with the USAID-funded HCF project to review and document best practices in strengthening motivation and retention of health workforce

### ***Sub IR1.2.2. Develop and implement Work Climate Improvement Programs***

Continuous assessment and improvement of the work climate is a critical factor for improved retention and productivity of the health workforce. In this program year, RHBs will be supported conduct employee job satisfaction surveys, prioritize the key findings from the surveys and develop appropriate interventions to improve the work climate at national and regional levels. In the subsequent years, the RHBs will rollout work climate improvement interventions to zonal and woreda health offices.

**Activity 1.2.2.1.** Adapt the employees' job satisfaction survey tools and guidelines to regional contexts

Regional HRH Management officers will provide technical support to the RHBs to adapt/finalize employee satisfaction surveys which will assess the opinions of the employees as it relates to their work climate and motivation. It is expected that these surveys will be conducted annually.

**Activity1.2.2.2.** Support RHBs in data collection, analysis and developing reports from employee satisfaction surveys

It is anticipated that all RHBs will conduct the employee satisfaction surveys during the first quarter of the year. Findings will be summarized /analyzed to set priorities and develop appropriate interventions for improved work climate, motivation and retention of staff.

**Activity 1.2.2.3. and 1.2.2.4** Procure Fax Machines (Integrated Printing Copying and Fax) or ICT materials for the HRDA & HRDS SP at the RHB as per their request/needs ;  
The RHBs have requested for office furniture to improve the working environment for HR staff at the regional, zonal and woreda levels. Based on budget availability, the HRH project will support a one-time office furniture and supplies procurement for distribution to the RHBs.

### **IR 1.3. Improved HRM Policy and Practices**

The HRH Project will build on its ongoing support to strengthen legal frameworks and mechanisms for licensure and regulation of health workers performance with continued technical, financial and material support to FMHACA and its regional counterparts.

#### ***Sub IR 1.3.1 Work Closely with DHRDA at FMOH and other key implementing partners to update, finalize and disseminate the national HRH strategic plan***

The HRH project will support the FMOH to produce the national HRH strategic plan by actively supporting the FMOH to incorporate comments, conduct a consultative meeting, and print and distribute the final document; Specific activities include:

- Activity 1.3.1.1** Participate and/or contribute to TWG to produce an updated draft HRH Strategic plan (by the TWG)
- Activity 1.3.1.2** Work with the TWG to incorporate inputs from the stakeholders and finalize the SP
- Activity 1.3.1.3** Conduct consultative meeting to endorse the strategic plan
- Activity 1.3.1.4** Print and distribute the final HRH Strategic Plan document

#### ***Sub IR 1.3.2 Provide technical and financial support to RHBs to adapt/develop and implement regional HRH Operational Plans based on National HRH strategic plans***

The project also will work closely with RHBs to adapt regional HRH operational plans based on the national HR Strategic plan. Specific activities are listed below:

- Activity 1.3.2.1** Conduct a consultative meeting with RHBs to agree on steps to adapt/develop Regional HRH Operational Plans (Tigray, Oromia and Amhara)
- Activity 1.3.2.2** Conduct HRH partners mapping to document partners for the regional HRH Operational Plans (Tigray, Oromia and Amhara)
- Activity 1.3.2.3** Establish regional TWG to develop regional HRH Operational plan (Tigray, Oromia and Amhara)
- Activity 1.3.2.4** Develop a draft Regional HRH Operational Plans for Tigray, Oromia and Amhara regions
- Activity 1.3.2.5** Conduct regional stakeholders consultative meeting to seek and incorporate inputs into the Regional HRH Operational Plan (Tigray, Oromia and Amhara)
- Activity 1.3.2.6** Launch the Regional HRH Operational Plan through a one-day dissemination workshop

**Activity 1.3.2.7** Translate Regional HRH operational plan documents into English (for project's documentation purpose)

**Activity 1.3.2.8** Provide financial resources to RHBs to support printing of 2000 copies of the Regional HRH Operational Plans

***Sub IR 1.3.3. Improve access to and compliance with HR policies and procedures***

There are various civil servant proclamations, guidelines and standard operational procedures formulated by the federal civil service ministry and bureaus of civil services. 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. Moreover, employees are not aware of these organizational policies and guidelines. As a result human resource departments in all regions are facing challenges in applying the civil service rules and regulations in human resource management practices. To address these challenges, in this program year the HRH project will conduct the following activities:

**Activity 1.3.3.1** Collect the national and regional human resource proclamations, guidelines and standard operational procedures.

The HRH project will collaborate with the FMoH and RHBs to collate the federal and regional civil service proclamations, policy and procedure manuals in the first two quarters.

**Activity 1.3.3.2** Print or photocopy and disseminate HR package of policy documents to all staff at RHB, Zonal and Woreda levels

Availability of these documents will increase awareness of civil servant policy and procedures among the staff and across the public health sector as well. In the second and third quarters, the project will provide financial and technical support for the printing/photocopying and dissemination of 10,000 copies of these documents in 11 regions. This quantity is intended to address the needs at the RHB levels. In turn, the RHBs are expected to print or photocopy these documents for the zonal, woreda and health facilities in the subsequent period and the following years. Regional project staff will assist the RHBs to disseminate the documents to all work units in the regions and sub-regional levels. The Human resource management unit will use these policy and procedure guidelines as references for day-to day HR functions. This will assist public health sector to apply civil servant governance policy guidelines in a consistent manner and in due course HRM practices will be improved.

**Activity 1.3.3.3.** Develop leaflets on HRH to support communication of HR policies & themes to staff.

As mentioned above employees have little knowledge of the existing HR policies. To improve their awareness, key policy themes will be identified on a quarterly basis, and produced, published (leaflet) and disseminated to all staff at the RHBs. As an example, in quarter one, the leaflet may cover paid leave or similar benefits while in quarter two the leaflet may focus on the organization's IT policy. Four quarterly leaflets will be published in each region by the end of the project's year 2. This will improve the awareness of and compliance with the key policy issues contained in the proclamations, policy manuals and standard operational procedures.

**Activity 1.3.3.4.** Develop tools such as formats, job aids or checklists to facilitate compliance with recruitment, orientation and performance management policies and procedures  
HRH project staff will develop tools and guidelines to assist the FMOH and RHBs in management and implementation of their HR policies.

**Activity 1.3.3.5.** Provide technical support to adapt and implement a staff orientation guideline (employee hand book).

In the first quarter, the orientation manual for new staff that was developed in collaboration with the FMOH will be adapted to regional contexts by the 11 regional health bureaus. Regional HRM officers and advisors will provide technical support to RHBs HR support process leaders in adapting the manual. The final version will be approved by senior management of the respective RHBs for use as an employee orientation policy guideline.

**Activity 1.3.3.6 & 1.3.3.7** Provide financial resources for printing and dissemination of 5000 copies of the orientation manual (employee hand book) at federal and regional levels. The HRH project will provide financial support to produce and disseminate 5000 copies of employee orientation guidelines. Subsequently, the project will provide support to organize and conduct orientations on current HR policies and guidelines for staff at the FMOH.

**Activity 1.3.3.8.** Support Dire-Dawa, Benishangul-Gumuz, Afar, Gambella and Oromia RHBs to establish and reinforce grievance procedures for staff.

Well-established grievance procedures are an important part of good HRM practices as they provide staff with opportunities to communicate their complaints or appeal management decisions. However, this is not well established or totally absent in the emerging regions. To address this need, the HRH project will provide technical support to establish grievance procedures in 5 regions. The procedures will include setting up a grievance committee, and having written documentation clearly outlining how and when to file complaints or appeals.

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

HRH challenges are numerous and require multiple actors and multifaceted approaches. Major actors include GoE/Ministries of health, education, finance and economic development, and Civil Services; bilateral and multilateral donors, public and private education and training institutions, international non-government organizations and professional associations. This calls for a coordination mechanism for effective partnership among the stakeholders.

**Activity 1.4.1.** Provide inputs and guidance to the FMOH and RHBs to establish and facilitate multi-sectoral HRH forums

In collaboration with the DHRDA and RHBs, the HRH project will facilitate establishment of national and regional HRH partners' forums;

**Activity 1.4.2.** Provide financial support and coordination to ensure regular HRH forum meetings

The project will provide technical and financial inputs for regular HRH forum meetings at the DRDA and 11 regional health bureaus. A total of 15 meetings will be held in the planning period.

### **IR 1.5 Improved Management of Staff Training for HRM Professionals at FMOH, RHBs, Woredas and Zones**

#### ***Sub IR 1.5.1 Strengthen capacity of HR staff through HRM training and professional development***

In-service training in HRM as well as various other professional development activities are the cornerstone for improved skills and capacity of HR leaders, managers and staff. In collaboration with the DHRDA in-service training unit, the HRH project will develop HRM in-service training packages and conduct trainings at national, regional and local levels. Two set of training packages will be developed: HRM professional training (for senior HRH management leaders and managers) and HRM training (for HR staff with mainly operational functions).

**Activity 1.5.1.1** Finalize training needs analysis for HR staff at FMOH and all regional health bureaus.

A training need analysis will be carried out in all 11 regions and at the FMOH to identify eligible supervisors and managers for HRM training.

**Activity 1.5.1.2.** Support the TWG to develop Curriculum [including modules, participant and facilitator manuals] for HRH Management in-service Training

Develop participant and facilitator manuals for HRM Professional training. In collaboration with the in-service training unit at DHRDA, a facilitator guide and participant manual will be developed to support the HRM professional training.

**Activity 1.5.1.3.** Conduct ToT in HRM to selected HR staff from FMOH and Regional Health Bureaus (4 day event) A four-day training of trainers (TOT) in HRM will be provided to 100 participants from FMOH and RHBs. The ToT will be organized into 2 rounds with a maximum class size of 30 participants in each round.

**Activity 1.5.1.4** Develop a cascading plan document and participant selection criteria to roll out HRM training to zonal and Woreda health offices and selected health facilities.

An HRM training cascading plan and participant selection criteria will be developed in consultation with the FMOH and regional health bureaus. The HRH project will produce and distribute 50 copies of the final HRM training cascading plan and participant selection criteria for use by the FMOH and RHBs as they roll-out the HRM trainings.

**Activity 1.5.1.5** Translate participant manuals into different regional working languages

The HRH project will provide financial and technical support to translate HRM participant manuals into five regional working languages: Oromiffa, Tigrigna, Amharic, Somali and Afar. This will facilitate the understanding and uptake of the HRM training by participants from non-Amharic speaking regions.

**Activity 1.5.1.6** Roll out HRM training in all regions to reach 300 participants

A 4-day HRM in-service training will be conducted for mid- and lower level HRM leaders and managers. This training will be rolled out by the RHBs with technical support from the DHRDA and the HRH project. Approximately 55 Master Trainers will be identified from those who receive HRH professional training. The Master trainers will receive facilitation skills in addition to the training contents. A total of 300 HR staff from the RHBs, Zonal and Woreda health offices will be trained

**Activity 1.5.1.7** Develop post-training mentoring guidelines and checklists for effective monitoring of HRM training

**Activity 1.5.1.8** Conduct post training mentorship and on-the-job support to FMOH and RHB staff to apply the skills from HRM trainings.

HRH project staff at national and regional levels will hold monthly meetings with HRM training participants to reinforce and encourage application of the knowledge and skills gained from HRM training to their daily tasks. A total of 144 such meetings will be conducted at DHRDA and 11 RHBs in the 12 months that follow HRH professional and HRM trainings. The project will also identify different approaches to provide on-the-job support strengthening supportive supervision system, building capacity of HR managers and supervisor in providing constructive feedback and conducting regular performance review meetings among others.

**Activity 1.5.1.9** Conduct a consultative meeting to explore the role of the private sector in HRM monitoring

The HRH project will actively seek to develop specific ways to partner with USAID funded projects working with the private sector, and explore the role of the private sector in HRM monitoring.

**Activity 1.5.1.10** Support FMOH to develop a TOT package related to recruitment and behavioral interviewing

The FMOH has expressed an interest in developing a TOT package to support effective recruitment and interviewing of staff. The HRH project will support the development of this package with guidance from the FMOH.

**Sub IR 1.5.2 Improved Management of Staff Training**

The HRH project will support the following activities:

**Activity 1.5.2.1** Evaluate existing training courses (linked to IR3.2)

**Activity 1.5.2.2** Develop a needs based training program for selected cadres (linked to IR3.2)

**Sub IR 1.5.3 Develop HRM leadership**

The HRH project will support the following activities:

**Activity 1.5.3.1** In Collaboration with the USAID-funded L+M+G project and DHRDA document leadership and governance needs of HR leaders and managers at national, regional and local levels



**Activity 1.5.3.2** Support the FMOH to conduct a consultative workshop to develop a plan of action to build leadership capacity at Federal and Regional level (Based on the identified needs)

**Activity 1.5.3.3** Conduct leadership development training and planned non-training interventions to enhance the capacity of HR leaders and managers

**Sub IR 1.5.4 Integrate leadership development in Preservice education**

The HRH project will provide technical and financial support to universities to integrate leadership curriculum into relevant medical and public health curricula-Undergraduate and post-graduate curricula-(Linked to IR 2)

**RESULT 2: INCREASED AVAILABILITY OF MIDWIVES, ANESTHETISTS, HEALTH EXTENSION WORKERS (HEWS), AND OTHER ESSENTIAL HEALTH WORKERS**

Despite remarkable progress made in meeting numeric targets for health extension workers in the three rounds of the Health Sector Development Program (HSDP), major gaps in availability of key human resources for health categories such as doctors, midwives and anesthesia professionals remain. The government has prioritized a focus on the production and retention of qualified and competent midwives, anesthetists, health extension workers (HEWs), and other essential health cadres such as emergency medical technicians and biomedical engineers.

In response to this need, the HRH Project will provide financial resources to support tuition fees for midwifery, anesthesia, EMT, biomedical engineering students. In addition, the project will build capacity of faculty, support temporary hiring of faculty in institutions with critical shortages, and identify volunteers to be placed in teaching institutions. The project will also support infrastructure strengthening, including the procurement of 20 buses to be donated to the schools to support transportation of students to clinical practice sites. The project will also continue to promote anesthesia and midwifery professions to potential students (high school and university).

**IR 2.1 Increased availability of Anesthetists**

One of the main reasons for the scarcity of anesthetists in Ethiopia is the low enrollment and output in anesthesia programs thus creating a supply gap (Ministry of Health, Federal democratic Republic of Ethiopia, 2010).The HRH Project will support anesthesia training colleges and universities to increase their annual student intakes and outputs through targeted recruitment and retention of students in pre-service education programs, and maximizing current enrollment by organizing resources and strengthening infrastructure.

***Sub IR 2.1.1 Provide educational materials, vehicles and infrastructure strengthening to training institutions and practicum sites to improve the quality of training***

Anesthesia teaching institutions have suffered from a critical shortage of crucial educational materials such as essential reference books and skill lab materials. They also have inadequate vehicles to support student transportation to clinical practice sites. To respond to these

identified resource constraints, in Year One the HRH project initiated procurement of buses, books and skills labs materials and supplies. In this program year, the HRH project will distribute items procured in the first year to institutions based on FMOH guidance, and purchase additional equipment and supplies to support 14 anesthesia training institutions.

Specific activities are below:

- Activity 2.1.1.1** Provide skills lab equipment and supplies based on gap assessments (including remaining materials pending from the procurement initiated in Year One of the project)
- Activity 2.1.1.2** Procurement for clinical equipment to clinical practice sites (such as anesthesia machines) was initiated in Year One. In this second year, support the FMOH to distribute procured materials, and based on identified gaps, procure additional materials as needed
- Activity 2.1.1.3** Provide reference books based on the gap assessment (including remaining books pending from the procurement initiated in Year One of the project)
- Activity 2.1.1.4** As needed, provide LCDs, Laptops (audiovisual aids), Printer, photocopy machines and duplication Machines (for RHSCs, shared, for universities 1 per department)
- Activity 2.1.1.5** Provide financial support to the FMOH to print modules and logbooks

***Sub IR 2.1.2 Capacity Building and Hiring: Anesthesia Facility***

Building the capacity of staff in anesthesia training institutions is a critical step in ensuring that they can support increased numbers of enrolled students in these programs. The HRH project will provide a number of essential trainings geared towards strengthening the capacity of faculty to teach up-to-date anesthesia content.

**Activity 2.1.2.1, Activity 2.1.2.2, Activity 2.1.2.3, Activity 2.1.2.4,:** The HRH project will provide essential training skills (ETS) and simulation training for faculty. These trainings will equip the faculty with the necessary skills to enhance the teaching/learning experience, using evidence based approaches. In addition, based on gaps in knowledge, the HRH project will support technical update trainings for faculty and clinical preceptors in areas such as Infection Prevention and Patient Safety, etc.

**Activity 2.1.2.5** Provide financial support for temporary hiring of 10 faculty in anesthesia schools with critical shortages

The HRH project will provide funding to support emergency hiring of 10 experienced anesthesia faculty and experts at selected anesthesia schools that have critical staff shortages. Staff hired under this mechanism will be required to mentor existing staff in addition to their teaching responsibilities. Financial assistance for emergency hiring is a temporary measure that will be implemented until schools are able to obtain instructors and preceptors from the market.

**Activity 2.1.2.6** Develop guidelines for identification and utilization of volunteers to support anesthesia training

**Activity 2.1.2.7** Identify 1 volunteer to support post-graduate programs in anesthesia

Anesthetists trained at the postgraduate level can play a key role in educating the next generation of anesthetists, as they could form a pool of experts from which future faculty members could be drawn from. In an effort to support training at this level, the HRH project will identify and place 1 volunteer who will play a key role in supporting teaching, mentorship and coaching. The volunteer could be an international expert, or recruited from EAA membership, or the diaspora.

**Activity 2.1.2.8** Conduct 1 Clinical Training Skills (CTS) training for anesthesia teaching preceptors

In addition to building the capacity of anesthesia instructors, building the capacity of clinical preceptors working in the health facilities affiliated with the schools is equally important since they play a key role in facilitating transfer of skills to students. In light of this, the HRH project will conduct 1 CTS training for anesthesia preceptors.

**Activity 2.1.3.9** Conduct Anesthesia Machine and equipment user level maintenance training

As part of the procurement initiated in Year One, the HRH project has purchased 14 Universal Anesthesia Machines, which will be donated to selected institutions or their affiliated clinical practice sites. In order to ensure that these machines are installed correctly, and end-users trained on their appropriate use and maintenance, the HRH project will facilitate 2 user-level trainings.

***Sub IR 2.1.3 Onsite coaching and mentoring by EAA***

Routine and targeted coaching and mentorship of recent anesthesia graduates is critical as this supports them to obtain on-the-job feedback and guidance related to their knowledge and skills. To support this process, the HRH project will facilitate development of standardized anesthesia coaching and mentoring tools, and orient mentors and coaches on how to effectively use these tools. The project will also support mentorship of 98 level V new anesthesia graduates.

Specific activities are outlined below:

**Activity 2.1.3.1** Develop standardized coaching and mentoring tools

**Activity 2.1.3.2** Orient mentors/coaches on standardized tools

**Activity 2.1.3.3** Mentor level V new anesthesia graduates

***Sub IR 2.1.4 Based on demand, support colleges and universities to review and harmonize curricula for anesthesia programs***

**Activity 2.1.4.1, Activity 2.1.4.2, Activity 2.1.4.3:** In an effort to ensure that all existing anesthesia curricula have been updated and contain all relevant evidence-based technical information and approaches, the HRH project will support the review, strengthening and harmonization of diploma level, degree level and post graduate level anesthesia curriculum.

***Sub IR 2.1.5 Development of guidelines and protocols for anesthesia practice***

Currently, there are no anesthesia related health service guidelines, protocols, professional codes of ethics, and related high level directives. In response to these gaps and in collaboration with FMOH, EAA and other stakeholders, the HRH project will undertake the

activities below, with the aim of developing final guides that will serve as standards and provide direction to all anesthesia professionals.

- Activity 2.1.5.1** Organize a workshop to develop guidelines and protocols for anesthesia practice
- Activity 2.1.5.2** Organize a workshop to review and finalize guidelines and protocols for anesthesia practice
- Activity 2.1.5.3** Print guidelines on anesthesia practice
- Activity 2.1.5.4** Organize a workshop to develop a professional code of ethics for Anesthetist's
- Activity 2.1.5.5** Organize a workshop to review and finalize a code of ethics
- Activity 2.1.5.6** Print 1000 copies of the professional code of Ethics
- Activity 2.1.5.7** Organize a workshop to develop an Anesthesia Skills Lab Specification manuals (Reference manual)

***Sub IR 2.1.6 Strengthen Quality Assurance (Anesthesia Programs)***

To strengthen and institutionalize quality assurance, the HRH project is supporting institutions of higher learning to implement Standards-Based Management and Recognition (SBM-R), a performance and quality management approach. SBM-R uses detailed operational, observable educational and healthcare standards for site assessment and problem solving. Increased compliance with these operational standards is tied to recognition.

In the first year of the HRH project, SBM-R Module I and II workshops were conducted for all Anesthesia teaching institutions with full involvement of the regional health bureaus and the regional TVET authorities. Since the introduction of this approach in the teaching institutions, gaps in performance have been identified and documented, action plans developed to address the gaps, and ongoing monitoring and evaluation of the process is taking place. To further continue the implementation of this process, the HRH project will support the following activities in Year Two:

- Activity 2.1.6.1** Conduct a three-day Module I SBM-R workshop for new anesthesia teaching institutions
- Activity 2.1.6.2** Support teaching institutions to develop clear implementation plans that outline the role of the institution, the FMOH, and the HRH project in meeting identified gaps (joint action plans)
- Activity 2.1.6.3** Conduct a three-day Module II SBM-R workshop for new anesthesia teaching institutions
- Activity 2.1.6.4** Conduct a three-day Module III SBM-R workshop for existing anesthesia teaching institutions
- Activity 2.1.6.5** Conduct post-training onsite mentorship and coaching visits
- Activity 2.1.6.6** Conduct SBM-R review meetings (for programs that have completed Module III)

***Sub IR 2.1.7 Support colleges and universities to expand clinical practice sites including to private health facilities for anesthesia***

One of the bottle necks of Anesthesia training is the inadequacy of clinical practical sites for student practice. The limited number of available clinical practical sites, coupled with the shortage of essential equipment and supplies at the existing sites, has greatly affected the teaching/learning process, and minimizes opportunities for students to gain the required competencies. To address these challenges, the HRH project will implement the following activities:

**Activity 2.1.7.1** Work with anesthesia schools to identify and select additional clinical practice sites

The HRH project will support colleges and universities to identify, expand and standardize their clinical practical sites by facilitating the signing of a memorandum of understanding between the sites and the schools. These MOUs will clearly outline the role and responsibilities of the institutions as it relates to the student learning experience.

**Activity 2.1.7.2** Provide technical and financial support for educational institutions to provide an orientation of the SBMR process to clinical practice sites.

To support quality assurance at the clinical practice sites, the HRH project will support the educational institutions to conduct SBMR workshops in order to orient the preceptors and other staff at the clinical practice sites to the standards and the quality improvement process.

**Activity 2.1.7.3** Organize regional review meetings for schools and colleges implementing the SBMR process

To further strengthen the partnership between practical sites and teaching institutions, the project will organize a one day regional review meeting among institutions and their clinical practical sites so as to facilitate a discussion on existing challenges, how to improve them and how to further strengthen the collaboration.

***Sub IR 2.1.8 Support recognition for anesthesia related to quality assurance***

Recognizing Anesthesia institutions and instructors based on their performance as it relates to quality assurance is an effective way to incentivize them and reward the best performing schools and instructors. The project will implement the following activities in support of this process:

**Activity 2.1.8.1** Work with anesthesia schools to identify and select additional clinical practice sites (explore the development of a process/system for identifying and collaborating with affiliate sites)

**Activity 2.1.8.2** Provide support to best performing colleges (by region and as per agreed upon criteria)

**Activity 2.1.8.3** Provide support to best performing universities (compare all national universities as per agreed upon criteria)

**Activity 2.1.8.4** Provide incentives (financial or material) to 6 best performing anesthesia teaching staff (could be presented at annual EAA meeting)

***Sub IR 2.1.9 Strengthening the Capacity of EAA***

Capacity building efforts directed towards strengthening the EAA as a strong visible professional association that supports its membership, advocates for the profession, and provides technical guidance and leadership will continue in Year two. Specific activities will include:

- Activity 2.1.9.1** Website development and email configuration to support communication
- Activity 2.1.9.2** Organize Annual Conference (including Anesthesia refresher course)
- Activity 2.1.9.3** Participate in relevant Anesthesia-related conferences or workshops (ex. IFNA 2014, WHO GIEESC)
- Activity 2.1.9.4** Facilitate twinning between the EAA and similar associations in the region or internationally

**IR 2.2 Increased Availability of Midwives**

***Sub IR 2.2.1 Provide Educational Materials, Vehicles and Infrastructure Strengthening for 42 Training institutions and practicum sites to improve the quality of midwifery training***

Midwifery teaching institutions have suffered from a critical shortage of crucial educational materials such as essential reference books and skill lab materials. They also have inadequate vehicles to support student transportation to clinical practice sites. To respond to these identified resource constraints, in Year One the HRH project initiated procurement of buses, books and skills labs materials and supplies. In this program year, the HRH project will distribute items procured in the first year to institutions based on FMOH guidance, and purchase additional equipment and supplies to support 42 midwifery training institutions.

Specific activities are below:

- Activity 2.2.1.1** Provide skills lab equipment and supplies based on gap assessments (including remaining materials pending from the procurement initiated in Year One of the project)
- Activity 2.2.1.2** Provide reference books based on the gap assessment (including remaining books pending from the procurement initiated in Year One of the project)
- Activity 2.2.1.3** As needed, provide LCDs, Laptops (audiovisual aids), Printer photocopy machines and duplication Machines (for RHSCs, shared, for universities 1 per department)

***Sub IR 2.2.2: Midwifery teaching staff capacity building and hiring***

Building the capacity of staff in midwifery training institutions is a critical step in ensuring that they can support increased numbers of enrolled students in these programs. The HRH project will provide a number of essential trainings geared towards strengthening the capacity of faculty to teach up-to-date anesthesia content.

**Activity 2.2.2.1, Activity 2.2.2.2, Activity 2.2.2.3, Activity 2.2.2.4:** The HRH project will provide essential training skills (ETS), and simulation training for faculty. These trainings will equip the faculty with the necessary skills to enhance the teaching/learning experience, using evidence based approaches. In addition, based on gaps in knowledge, the HRH project will support technical update trainings for faculty and clinical preceptors based on identified gaps.

**Activity 2.2.2.5** Conduct 1 Clinical Training Skills (CTS) training for midwifery teaching preceptors

In addition to building the capacity of midwifery instructors, building the capacity of clinical preceptors working in the health facilities affiliated with the schools is equally important since they play a key role in facilitating transfer of skills to students. In light of this, the HRH project will conduct 3 CTS trainings for midwifery preceptors.

**Activity 2.2.2.6** Provide financial support for temporary hiring of 10 faculty in midwifery schools with critical shortages

The HRH project will provide funding to support emergency hiring of 10 experienced midwifery faculty and experts at selected midwifery schools that have critical staff shortages. Staff hired under this mechanism will be required to mentor existing staff in addition to their teaching responsibilities. Financial assistance for emergency hiring is a temporary measure that will be implemented until schools are able to obtain instructors and preceptors from the market.

**Activity 2.2.2.7** Develop guidelines for identification and utilization of volunteers to support midwifery training

**Activity 2.2.2.8** Identify 1 volunteer to support post-graduate programs in midwifery

Midwives trained at the postgraduate level can play a key role in educating the next generation of midwifery students, as they could form a pool of experts from which future faculty members will be drawn from. In an effort to support training at this level, the HRH project will identify and place 1 volunteer who will play a key role in supporting teaching, mentorship and coaching. The volunteer could be an international expert, or recruited from EMA membership, other international midwifery associations, or the diaspora.

#### ***Sub IR 2.2.3 Onsite Coaching and Mentoring***

Routine and targeted coaching and mentorship of recent midwifery graduates is critical as this supports them to obtain on-the-job feedback and guidance related to their knowledge and skills. To support this process, the HRH project will facilitate development of standardized midwifery coaching and mentoring tools, and orient mentors and coaches on how to effectively use these tools. The project will also support mentorship of 500 new midwifery graduates.

#### ***Sub IR 2.2.4 Based on demand, support colleges and universities to review and harmonize curricula for Midwifery Programs***

Using findings from the midwifery task analysis process, the HRH project will support the review, strengthening and harmonization of level 4, degree level and post graduate level midwifery curriculum.

#### ***Sub IR 2.2.5 Develop Teaching/Learning Materials for Midwifery***

To strengthen the teaching and learning resources used by midwifery faculty, the HRH project will support development of selected modules with a focus on the essential

competences that graduating students are required to have. The following activities will be conducted:

- Activity 2.2.5.1** Conduct Instructional Design training for module writers
- Activity 2.2.5.2** Organize a module writing workshop (midwifery modules that focus on competencies)
- Activity 2.2.5.3** Support the FMOH to identify and hire consultants to write modules
- Activity 2.2.5.4** Organize a workshop to review draft modules

**Activity 2.2.5.5** Organize a workshop to review, adapt or update competency assessment tools (including midwifery log book).

**Activity 2.2.5.6** Printing and dissemination Midwifery Competency assessment tools, skill lab specification manuals

The HRH project will also support the process of reviewing, adapting or updating competency based assessment tools (including a midwifery log book) and a skills lab specification manuals/reference manual. Furthermore, the project will support the printing and dissemination of 5000 copies of the aforementioned educational materials.

#### ***Sub IR 2.2.6 Strengthen Quality Assurance (Midwifery Programs)***

To strengthen and institutionalize quality assurance, the HRH project is supporting institutions of higher learning to implement Standards-Based Management and Recognition (SBM-R), a performance and quality management approach. SBM-R uses detailed operational, observable educational and healthcare standards for site assessment and problem solving. Increased compliance with these operational standards is tied to recognition.

In the first year of the HRH project, SBM-R Module I and II workshops were conducted for all midwifery teaching institutions with full involvement of the regional health bureaus and the regional TVET authorities. Since the introduction of this approach in the teaching institutions, gaps in performance have been identified and documented, action plans developed to address the gaps, and ongoing monitoring and evaluation of the process is taking place. To further continue the implementation of this process, the HRH project will support the following activities in Year Two:

**Activity 2.2.6.1** Conduct a three-day Module I SBM-R workshop for new midwifery teaching institutions

**Activity 2.2.6.2** Support teaching institutions to develop clear implementation plans that outline the role of the institution, the FMOH, and the HRH project in meeting identified gaps (joint action plans)

**Activity 2.2.6.3** Conduct a three-day Module II SBM-R workshop for new midwifery teaching institutions

**Activity 2.2.6.4** Conduct 5 three-day Module III SBM-R workshop for existing midwifery teaching institutions

**Activity 2.2.6.5** Conduct 2 post-training onsite mentorship and coaching visits

**Activity 2.2.6.6** Conduct 1 SBM-R review meeting (for programs that have completed Module III)



***Sub IR 2.2.7 Support recognition for midwifery related to quality assurance***

Recognizing midwifery institutions and instructors based on their performance as it relates to quality assurance is an effective way to incentivize them and reward the best performing schools and instructors. The project will implement the following activities in support of this process:

**Activity 2.2.7.1** Organize a consultative meeting to agree on criteria for performance based incentives

**Activity 2.2.7.2** Provide material support to best performing colleges (by region and as per agreed upon criteria)

**Activity 2.2.7.3** Provide material support to best performing universities (compare all national universities as per agreed upon criteria)

**Activity 2.2.7.4** Provide incentives (financial or material) to 6 best performing midwifery teaching staff (could be presented at annual EMA meeting)

***Sub IR 2.2.8 Support colleges and universities to expand clinical practice sites including to private health facilities for Midwifery***

One of the challenges faced in midwifery training is the inadequacy of clinical practical sites for student practice. The limited number of available clinical practical sites, coupled with the shortage of essential equipment and supplies at the existing sites, has greatly affected the teaching/learning process, and minimizes opportunities for students to gain the required competencies. To address these challenges, the HRH project will implement the following activities:

**Activity 2.2.8.1** Support and work with midwifery schools to identify and select additional clinical practice sites

The HRH project will support colleges and universities to identify, expand and standardize their clinical practical sites by facilitating the signing of a memorandum of understanding between the sites and the schools. These MOUs will clearly outline the role and responsibilities of the institutions as it relates to the student learning experience.

**Activity 2.2.8.2 & Activity 2.2.8.3** Provide technical and financial support for educational institutions to provide an orientation of the SBMR process to clinical practice sites.

To support quality assurance at the clinical practice sites, the HRH project will support the educational institutions to conduct SBMR workshops in order to orient the preceptors and other staff at the clinical practice sites to the standards and the quality improvement process.

**Activity 2.2.8.4** Support the organization of regional review meetings

To further strengthen the partnership between practical sites and teaching institutions, the project will organize a one day regional review meeting among institutions and their clinical practical sites so as to facilitate a discussion on existing challenges, how to improve them and how to further strengthen the collaboration.

***Sub IR 2.2.9 Strengthening the Capacity of EMA***

Capacity building efforts directed towards strengthening the EMA as a strong visible professional association that supports its membership, advocates for the profession, and

provides technical guidance and leadership will continue in Year two. Specific activities will include:

- Activity 2.2.9.1** Contribute towards EMAs Annual General assembly (Financial and technical Support)
- Activity 2.2.9.2** Configure EMAs email server & website & support internet connection upgrading
- Activity 2.2.9.3** Procurement of essential materials such as a fax, LCD, UPS, Server, Laptop and Antivirus , office furniture and filing cabinets
- Activity 2.2.9.4** Facilitate twinning between the EMA and similar associations in the region or internationally (e.g. ACNM); This could potentially include 2 selected EMA board members traveling to similar associations or supporting external visitors from other associations
- Activity 2.2.9.5** Participate in relevant International Conferences and/or workshops (ICM 2014)
- Activity 2.2.9.6** Recruit a regional coordinator to support EMA chapter offices

***Sub IR 2.2.10 Support Student Transportation for Anesthesia/Midwifery Regional Health Science Colleges and Universities***

**Activity 2.2.10.1** The HRH project will procure 15 buses to support student transportation to clinical practice sites which will be selected in collaboration with the FMOH.

**IR 2.3 Support HEWs training (Level III and IV)**

The FMOH has successfully trained and deployed over 34,000 HEWs, and the HSDP IV has shifted its focus to improving the quality and maintaining coverage of the rural health extension program (HEP). The HRH Rapid situational assessment has also corroborated the presence of significant attrition of HEWs, on average 5%, and persisting unmet need for HEWs in some regions, the highest being in Somali Region, at 33.7 %. The HRH Project will support HEWs training through implementing the following activities.

***Sub IR 2.3.1 Provide educational materials, vehicles and infrastructure strengthening for training institutions and practicum sites to improve the quality of training***

HEW teaching institutions have the same shortages of crucial educational materials such as essential reference books and skill lab materials faced by other health science institutions of higher learning. To respond to these identified resource constraints, in Year One the HRH project initiated procurement of books and skills labs materials and supplies. In this program year, the HRH project will distribute items procured in the first year to institutions based on FMOH guidance, and purchase additional equipment and supplies to support 22 anesthesia training institutions.

Specific activities are below:

- Activity 2.3.1.1** Provide Skills lab materials based on gap assessment (including pending materials from procurement initiated in year one of the project)
- Activity 2.3.1.2** Support the FMOH to provide LCD, Laptop (audiovisual aids), Printer, photocopy machines and duplication Machines (for RHSCs, shared, for universities 1 per dept)

***Sub IR 2.3.2 HEW Faculty Capacity Building and Hiring***

Building the capacity of staff in HEW training institutions is a critical step in ensuring that they can support increased numbers of enrolled students in these programs. The HRH project will provide essential training skills (ETS), simulation training, and multi-media training for faculty. These trainings will equip the faculty with the necessary skills to enhance the teaching/learning experience, using evidence based approaches. In addition, based on gaps in knowledge, the HRH project will support technical update trainings for faculty and clinical preceptors in selected areas. Specific activities will include:

- Activity 2.3.2.1** Conduct ETS training for newly hired staff
- Activity 2.3.2.2** Conduct Simulation training for newly hired staff
- Activity 2.3.2.3** Conduct a technical update for HEW faculty
- Activity 2.3.2.4** Conduct CTS training for HEW teaching preceptors

***Sub IR 2.3.3 Develop Teaching/Learning Materials for HEWS***

To strengthen the teaching and learning resources used by HEW faculty, the HRH project will support development of selected modules with a focus on the essential competences that graduating students are required to have.

Specific activities are below:

- Activity 2.3.3.1** Provide Instructional Design training for module writers
- Activity 2.3.3.2** Organize a module writing workshop (for Level III HEWs)
- Activity 2.3.3.3** Identify consultants to write modules
- Activity 2.3.3.4** Organize a workshop to review draft modules
- Activity 2.3.3.5** Printing and dissemination of modules for Level III and Level IV
- Activity 2.3.3.6** Print and distribute national service delivery guidelines
- Activity 2.3.3.7** Organize a workshop to review and adapt HEW competency based learning and assessment tools
- Activity 2.3.3.7** Explore the feasibility of making the HEW Integrated Refresher training more efficient and cost effective.

***Sub IR 2.3.4 Strengthen Quality Assurance (HEW)***

To strengthen and institutionalize quality assurance, the HRH project is supporting institutions of higher learning to implement Standards-Based Management and Recognition (SBM-R), a performance and quality management approach. SBM-R uses detailed operational, observable educational and healthcare standards for site assessment and problem solving. Increased compliance with these operational standards is tied to recognition.

In the first year of the HRH project, SBM-R Module I and II workshops were conducted for all midwifery teaching institutions with full involvement of the regional health bureaus and the regional TVET authorities. Since the introduction of this approach in the teaching institutions, gaps in performance have been identified and documented, action plans developed to address the gaps, and ongoing monitoring and evaluation of the process is taking place. To further continue the implementation of this process, the HRH project will support the following activities in Year Two:

- Activity 2.3.4.1** Conduct a three-day Module III SBM-R workshop

**Activity 2.3.4.2** Support teaching institutions to develop clear implementation plans that outline the role of the institution, the FMOH, and the HRH project in meeting identified gaps (joint action plans)

**Activity 2.3.4.3** Conduct SBM-R review meetings (for programs that have completed Module III)

**Activity 2.3.4.4** Conduct post-training onsite mentorship and coaching visits

**Activity 2.3.4.5** Conduct a two-day consultative meeting with regions to share their experiences on HEW training and deployment

**Activity 2.3.4.6** Conduct a two-day benchmarking visit to the best performing HEW training institutions

### **IR 2.4 PSE of Other Essential Health Workers Promoted**

In addition to midwives, anesthetists and HEWs, the government has also identified other essential health cadres that require support as it relates to human resource for health development needs. As an example, given that the GoE has procured 800 ambulances to be distributed across the country, there is a need to train emergency medical technicians that will provide pre-hospital emergency and ambulance care. Other cadres requiring support include scrub nurses, neonatal intensive care unit (NICU) Nurses, radiographers and biomedical technicians.

#### ***Support Training of Emergency Medical Technicians (EMT)***

As a profession, EMT is new in Ethiopia, and at the outset, requires support to ensure that relevant and adequate training curricula, equipment and faculty are available to support the training. The HRH project will provide the inputs below in Year 2 to support EMT training:

##### ***Sub IR 2.4.1 Capacity Building: EMT Faculty***

Building the capacity of staff in EMT training institutions is a critical step in ensuring that they can support enrolled students in these programs. The HRH project will provide essential training skills (ETS), simulation training, and clinical training skills (CTS) for faculty. These trainings will equip the faculty with the necessary skills to enhance the teaching/learning experience, using evidence based approaches. Specific activities include:

**Activity 2.4.1.1** Conduct ETS training

**Activity 2.4.1.2** Conduct CTS training

**Activity 2.4.1.3** Conduct technical updates

**Activity 2.4.1.4** Conduct Simulation training

**Activity 2.4.1.5** Support temporary hiring of faculty for operation room nurse and biomedical technician training programs

**Activity 2.4.1.6** Support the FMOH to provide ambulance driving skills training

##### ***Sub IR 2.4.2 Provide educational materials, and infrastructure strengthening for 8 training institutions and practicum sites to improve the quality of training***

To support EMT training institutions in obtaining essential educational materials such as reference books and skill lab materials, the HRH project will implement the following activities below. The HRH project will also support Health Science Educational Development Centers at these training institutions to orient the EMT faculty and staff on the SBMR approach.

- Activity 2.4.2.1** Provide Skills lab materials based on gap assessment
- Activity 2.4.2.2** Provide reference books based on the gap assessment
- Activity 2.4.2.3** Provide financial support for printing of modules
- Activity 2.4.2.4** Provide LCD, Laptop (audiovisual aids), Printer, photocopy machines and duplication Machines (for RHSCs, shared, for universities 1 per dept)
- Activity 2.4.2.5** Support HSEDCs to orient EMT department on SBMR approach

***Sub IR 2.4.3 Capacity Building: Biomedical Engineering Faculty***

Building the capacity of staff in biomedical engineering training institutions is a critical step in ensuring that they can support enrolled students in these programs. The HRH project will provide essential training skills (ETS), clinical training skills (CTS), and technical updates for faculty. These trainings will equip the faculty with the necessary skills to enhance the teaching/learning experience, using evidence based approaches. In addition, the HRH project will support temporary hiring of faculty, and identify 2 international volunteers to support training. Specific activities include:

- Activity 2.4.3.1** Conduct ETS training
- Activity 2.4.3.2** Conduct CTS training
- Activity 2.4.3.3** Conduct technical updates
- Activity 2.4.3.4** Support temporary hiring of biomedical faculty
- Activity 2.4.3.5** Identify 2 international volunteers to support biomedical training

***Sub IR 2.4.4 Provide educational materials, and infrastructure strengthening for training institutions and practicum sites to improve the quality of training***

To support biomedical training institutions in obtaining essential educational materials such as reference books, the HRH project will implement the following activities below. The HRH project will also support Health Science Educational Development Centers at these training institutions to orient the biomedical engineering faculty and staff on the SBMR approach.

- Activity 2.4.4.1** Provide reference books
- Activity 2.4.4.2** Provide LCD, Laptop (audiovisual aids), Printer, photocopy machines and duplication Machines (for RHSCs, shared, for universities 1 per dept)
- Activity 2.4.4.3** Support HSEDCs to orient biomedical department on SBMR approach

***Sub IR 2.4.5 As needed, support development of teaching/learning materials for Biomedical Engineering***

To strengthen the teaching and learning resources used by biomedical engineering faculty, the HRH project will support development of selected modules with a focus on the essential competences that graduating students are required to have. Specific activities will include:

- Activity 2.4.5.1** Provide instructional design training for module writers
- Activity 2.4.5.2** Organize a module writing workshop
- Activity 2.4.5.3** Identify faculty to write modules
- Activity 2.4.5.4** Organize a workshop to review draft modules

***Sub IR 2.4.6 Support Neonatal Nurses Training Initiative***

The HRH project will support development of a standardized curriculum by implementing the activities below:

- Activity 2.4.6.1** Organize a curriculum development workshop
- Activity 2.4.6.2** Organize a curriculum review workshop

***Sub IR 2.4.7 Strengthen Supply Chain Management (SCM) curriculum***

The need for trained supply chain management personnel is clear. The HRH project will explore a cost-effective and sustainable approach to avail supply chain management personnel to the health system in consultation with key stakeholders. The two options under consideration are developing a new cadre dedicated to supply chain management or strengthening the curricula of an existing cadre such as pharmacists. Hence, the HRH project will undertake the following activities:

- Activity 2.4.7.1** Support the FMOH to conduct a desk review as it relates to logistics management and specific health cadres that can potentially implement this function within the health care system in the country
- Activity 2.4.7.2** Support the FMOH to conduct a one day consultative meeting workshop with key stakeholders and partners working on supply chain management( e.g PFSA, EPA, SCMS, Deliver and others)
- Activity 2.4.7.3** Identify supply chain management core competencies in collaboration with stakeholders working on supply chain management
- Activity 2.4.7.4** Organize a supply chain management curriculum development/strengthening workshop
- Activity 2.4.7.5** Organize an effective teaching skills workshop for faculty teaching supply chain management courses

***Sub IR 2.4.8 Support the training of level IV Scrub /OR Nurse Training***

The HRH project will provide support for scrub nurse training through organizing a curriculum development workshop and a curriculum review workshop. The project will also support HSEDCs at radiography teaching colleges to introduce and institutionalize the SBM-R approach.

The project will also organize an annual review meeting to assess the status of biomedical engineering, radiography, scrub nurse, neonatal nurse training program and supply chain management.

**IR 2.5 Post Graduate Program in Human Resources Management (HRM) and Health Economics (HE)**

There is a need to build a sustainable and systematic way of ensuring that there are adequate numbers of professionals with competencies in human resource for health management and healthcare economics to complement the corresponding increase of health service access and utilization. The HRH Project has identified 4 institutions of higher learning (Addis Ababa University, Addis Continental College, Jimma University and Gondar University) and has provided them with support to conduct a needs assessment, and develop draft curricula for these two post-graduate programs.

To build upon these efforts, the HRH project will conduct the activities below:

- Activity 2.5.1** Establish a stakeholder steering group to oversee quality, consistency and fitness for purpose for all materials developed within the two programs
- Activity 2.5.2** Hold workshop 1 (2 weeks) for program content authors: to make key program authoring decisions and begin program authoring
- Activity 2.5.3** Hold workshop 2 (3 days) for program directors: to make key program decisions for administration and delivery at university level.
- Activity 2.5.4** Hold workshop 3 (1 week) for program delivery academics: to introduce program design, support delivery approach and train tutors in supporting delivery of open and distance learning.
- Activity 2.5.5** Produce tutor and student handbooks for both programs
- Activity 2.5.6** Produce modules in priority one module group for both programs
- Activity 2.5.7** Conduct ETS training for faculty who will teach the HRM/HE courses
- Activity 2.5.8** Infrastructure strengthening support - procurement of books, LCDs, printers, etc
- Activity 2.5.9** In collaboration with the FMOH and RHBs, identify students to be enrolled in the programs
- Activity 2.5.10** Support the FMOH to develop student enrollment criteria, and a sustainable system/process for future selection of students
- Activity 2.5.11** Transfer tuition fee for the identified students to the institutions
- Activity 2.5.12** Produce modules in priority two module group for both programs
- Activity 2.5.13** Hold workshop 4 (1 week) for program content authors
- Activity 2.5.14** Produce modules in priority three module group for both programs
- Activity 2.5.15** Hold workshop 5 for program directors and delivery teams
- Activity 2.5.16** Produce modules in priority four module group for both programs
- Activity 2.5.17** Hold workshop 6 (1 week) for program content authors
- Activity 2.5.18** Produce modules in priority five module group for both programs
- Activity 2.5.19** Monitoring and evaluation of program delivery - provide coaching and mentorship

**IR 2.6 Provide financial and technical support to Project Mercy for the establishment of a Center of Excellence in Midwifery**

The HRH project will provide financial and technical support to Project Mercy for the establishment of a Center of Excellence in Midwifery at the Glenn C. Olsen Hospital in Butajera. Activities will include

- Activity 2.6.1** Conduct a rapid assessment to identify the appropriate interventions, community needs, infrastructure needs, stakeholder interests, etc
- Activity 2.6.2** Obtain registration from the TVET to assume status as a Regional Health Science College
- Activity 2.6.3** Recruit necessary project staff
- Activity 2.6.4** Procure teaching/learning materials
- Activity 2.6.5** Adapt/develop course materials
- Activity 2.6.6** Develop student entry criteria
- Activity 2.6.7** Conduct pre-service training for midwifery and anesthesia students

### **RESULT 3: IMPROVED QUALITY OF TRAINING OF HEALTH WORKERS**

Strong and appropriate policies provide a foundation for increasing the number of workers. But increased numbers alone are insufficient, and Result 3 focuses on improving quality of health worker pre and in service training through strengthening several key areas relevant to the overall improvement of quality of health care workers.

Similar to year one project implementation, the health sciences education development center (HSEDC) and Standards Based Management and Recognition (SBM-R) quality improvement approach will be used as framework. In year one, the project organized a sensitization and consensus building workshop with all government higher education institutions to establish HSEDC. In year two, support will be provided to build the capacity of the HSEDC so they would be able to undertake educational development and quality improvement activities. Regarding SBM-R, the HRH project will identify, assess and fill gaps between actual and desired performance in training of health workers. In year II, project activities will be implemented to meet identified gaps, including providing support for improved faculty preparation (content area as well as teaching skills), materials and infrastructure (particularly skills learning labs and clinical practice sites), and efficient management of the educational system. The following key activities will be implemented under this result area:

#### **IR 3.1 Improved Quality of PSE of Health Workers**

Education quality assurance and improvement for PSE institutions of higher education will be done through support for the Ministry of Health, Ministry of Education (MOE), Higher Education Strategy Center (HESC), Higher Education Relevance and Quality Agency (HERQA) and Technical and Vocational Education and Training Agency. These bodies will be supported in efforts focused on accreditation, subject benchmarks, institutional quality audit, qualification exam, and curriculum standardization. For accreditation, emphasis will be on supporting development of an accreditation system that could be sustainable (as cost neutral as possible), constructive and based on accepted national education standards.

##### ***Sub IR 3.1.1 Support to HERQA***

The HRH project will continue to support HERQA to implement the following activities:

**Activity 3.1.1.1** Support HERQA to organize a 3-day workshop to review and update higher education institution accreditation standards and quality audit standards

**Activity 3.1.1.2** Support HERQA to organize a 5-day workshop to develop seven program audit education standards

**Activity 3.1.1.3** Conduct quality spot checks with HERQA in 40 private and government health science colleges with medical and midwifery programs

**Activity 3.1.1.4** Conduct institutional quality audits for 10 government health training universities

**Activity 3.1.1.5** Organize a 5-day training on quality assurance and accreditation of higher education in Ethiopia

**Activity 3.1.1.6** Organize a workshop to develop an equivalence guideline

**Activity 3.1.1.7** Provide financial support to improve HERQA's website which provides accreditation information to the public

**Activity 3.1.1.8** Support HERQA to organize a workshop to develop an internal quality assurance guideline for higher education institutions



- Activity 3.1.1.9** As per request from HERQA, support procurement of a photocopy machine to support its administrative activities
- Activity 3.1.1.10** Provide financial support to HERQA to update its membership and subscribe to journals from the International Network for Quality Assurance Agencies in Higher Education (INQAAHE)
- Activity 3.1.1.11** Conduct a 2-day advocacy workshop to strengthen HERQA's mandate to support, follow, monitor and regulate IQA functions at all HEIs
- Activity 3.1.1.12** Conduct a one day advocacy workshop for HERQA's capacity development; the need and how to decentralize HERQA in to regions
- Activity 3.1.1.13** Conduct awareness creation workshop for all stakeholders regarding the importance of education quality, mechanisms QA and the need for legal support for QA
- Activity 3.1.1.14** Provide support to HERQA to document the processes, costs required to form sustainable regional offices, and develop a plan of action
- Activity 3.1.1.15** Develop higher education quality assurance technical working group at HERQA
- Activity 3.1.1.16** support HERQA continually to develop the IQA guideline and tool for HEIs
- Activity 3.1.1.17** Print and Disseminate the IQA guideline ad tool for HEIs
- Activity 3.1.1.18** Develop training packages for HERQA's accreditation and quality audit assessors
- Activity 3.1.1.19** Develop Center of excellence (COE) and center of development (COD) criteria for HEI to create competitions and performance based leveling among HEIs

***Sub IR 3.1.2 Conduct a rapid task analysis study for medical doctors, health officers, medical lab., nursing and pharmacy in collaboration with professional associations and FMOH***

A Rapid task analysis for medical doctors, health officers, medical laboratory, nursing and pharmacy will be conducted in collaboration with professional associations and FMOH by,

- Activity 3.1.2.1** Preparing lists of preliminary tasks per cadre
- Activity 3. 1.2.2** Organizing a 3-day experts' panel workshop to review and validate preliminary task lists
- Activity 3. 1.2.3** Conducting a 3 days curriculum review and strengthening workshop for TVET and degree programs based on results of task analysis

The rapid task analysis will identify core competencies for health workers that are based on national needs, Ethiopian occupational standards and global standards for education of healthcare workers. Jhpiego has expertise in conducting task analysis in health care education and will use this strength to support the planned analysis for this sub-activity. The results of the task analysis will be used for a curriculum review and strengthening workshop, among other things, that includes both TVET and degree programs

***Sub IR 3.1.3 Support Institutionalization of HSDECs***

Institutionalization of Health Sciences Education Development Centers will be supported as follows:

**Faculty Development by:**

- Activity 3.1.3.1** Organizing an ETS training of trainers course for members of HSEDCs
- Activity 3.1.3.2** Organizing instructional design skills course for members of health science education development centers to facilitate shift to competency-based curriculum and modularization. Instructional design capacity is central to curriculum implementation so that staff can develop competency-based curricula and adapt and update teaching/learning materials.
- Activity 3.1.3.3** Provide Training of Facilitation (SBM-R TOF) for 42 established HSEDCs with high performance (2 pax from each school)
- Activity 3.1.3.4** Mentoring and coaching faculty in health science education development centers (explore potential use of mobile technology to provide this coaching support)
- Activity 3.1.3.5** Conducting leadership and change management skills course for HSEDCs leaders
- Activity 3.1.3.6** Explore the feasibility of supporting HSEDCs to develop the capacity to conduct research on a consultancy basis
- Activity 3.1.3.7** Explore the feasibility of establishing an association/forum of health science education universities to support networking etc

**Infrastructure Strengthening will be supported by:**

- Activity 3.1.3.7** Providing office furniture, books, computers and other equipment to strengthen health science education development centers
- Activity 3.1.3.8** Procuring mobile technology materials (e.g. USB GSM Modem) to support the coaching and mentorship of faculty in HSEDCS

**Performance based incentives for HSEDCs through:**

- Activity 3.1.3.9** Developing criteria for best performing HSEDCs and members/leaders of HSEDC
- Activity 3.1.3.10** Providing incentives for best performing HSEDCs (additional materials for the institutions and material incentives for outstanding members or leaders of HSEDCs)

***Sub IR 3.1.4 Improve Clinical Education Sites***

Activities will focus on developing standards for clinical practice sites (both hospitals and health centers) and implementing standards using SBM-R. Using the developed and agreed upon standards, the project will work with the HSEDCs in supporting clinical education sites to work towards meeting standards using SBM-R. As part of the TSC with health sciences education development centers, the following sub-activities will be carried out:

- Activity 3.1.4.1** Signing a sub agreement with HSEDCs to introduce and support SBM-R in the clinical practice sites
- Activity 3.1.4.2** As part of the sub agreement with health sciences education development centers, conduct an ETS training for staff and managers of clinical sites (For 1 training 10 participants in each HSEDC from 42 institutions through TSC)

**Activity 3.1.4.3** As part of the sub agreement with health sciences education development centers, conduct SBM-R module I workshop for staff and managers of clinical sites (For 1 training 10 participants in each HSDEC from 42 institutions through TSC)

**Activity 3.1.4.4** Support clinical education sites to develop clear implementation plans that outline the role of the institution, the FMOH, and the HRH project in meeting identified gaps (joint action plans)

**Activity 3.1.4.5** As part of the sub agreement with health sciences education development centers, conduct SBM-R module II workshop (For 1 training 10 participants in each HSDEC from 42 institutions through TSC)

**Activity 3.1.4.6** Support clinical education sites to develop clear implementation plans after IMA that outline the role of the institution, the FMOH, and the HRH project in meeting identified gaps (joint action plans)

**Activity 3.1.4.7** As part of the sub agreement with health sciences education development centers, conduct CTS training for clinical preceptors (For 1 training 10 participants in each HSDEC from 42 institutions through TSC)

**Activity 3.1.4.8** As part of the sub agreement support HSEDCs to coach and supervise clinical preceptor sites for SBM-R implementation

**Activity 3.1.4.9** Facilitate an experience sharing meeting among HSDECs at high and low performing universities, colleges (approx 70 pax at each meeting, drawn from different regions)

Facilitation of experience sharing visits among high and low performing universities, colleges and their affiliated clinical education sites will help disseminate information about successes and challenges and serve to accelerate local and regional collaboration and problem solving.

### **Sub IR 3.1.5 – Improve teaching facilities**

Support will also include providing teaching/learning materials and infrastructural strengthening support through:

**Activity 3.1.5.1** Providing teaching material and infrastructure strengthening support (for ICT, books, journals)

**Activity 3.1.5.1** Participating in relevant training workshops or conferences (Prince Mahidol PSE Conference in Bangkok, Jan 2014, etc)

### **Sub IR 3.1.6 Improve and maintain teaching skills**

One of the student-centered learning methods adopted by innovative schools around the world is problem-based learning (PBL), which uses problems as trigger for inquiry driven learning.

**Activity 3.1.6.1** Organize a Problem-Based Learning workshop for the universities and medical colleges implementing the new medical curriculum to develop expertise in PBL. The HRH Project will train faculty implementing the new medical curriculum with the intent of developing in-country expertise in PBL and encourage wider adoption by other schools of health sciences by organizing a Problem-Based Learning workshop for the universities and medical colleges implementing the new medical curriculum to develop expertise in PBL.

**Activity 3.1.6.2** Conduct a clinical simulation workshop for faculty in health teaching universities and RHSCs

There is also a need to improve the capacity and training skills for staff working in simulation labs. Students who learn skills to competency in the simulation setting before going to clinical sites are safer and better prepared for practice. This enables clinical staff to teach and supervise practice at a significantly higher level, which increases the potential number and variety of student experiences. For this, clinical simulation workshop will be conducted for faculty in health teaching universities and RHSCs.

***Sub IR 3.1.7 Provide demand driven technical updates***

**Activity 3.1.7.1** Provide instructional design skills training to staffs of professional associations (Medicine, Nursing, Health officer, Laboratory Technicians and Pharmacy)

**Activity 3.1.7.2** Provide financial support to professional associations (Medicine, Nursing, Health officer, Laboratory Technicians and Pharmacy) to organize technical updates on priority health problems for faculty

***Sub IR 3.1.8 Strengthen teaching staff retention***

In year one a literature review on faculty retention was completed and the following activities will be conducted in year two.

**Activity 3.1.8.1** Disseminate literature review conducted on faculty retention

**Activity 3.1.8.2** Based on discussions during disseminations of literature review findings, support institutions to develop appropriate staff retention plans

**Activity 3.1.8.3** Develop recognition guidelines to promote teaching excellence at colleges

**Activity 3.1.8.4** Develop a system to promote engagement of alumni for improved quality of PSE

***Sub IR 3.1.9 Support the Private Sector to Improve Quality of Education***

Acknowledging the increasing role of the private sector in education of health workers in Ethiopia and keeping with the Global Health Initiative principle of private sector engagement, the HRH Project will support the private medical colleges to improve quality of education. In year two this will be accomplished through the following activities.

**Activity 3.1.9.1** Organize 2 effective teaching skills workshops for faculty teaching at private medical and health science colleges (where possible, integrated with public sector training)

**Activity 3.1.9.2** Organize a meeting to orient selected private colleges to the SBM-R and HSDEC approach for improvement of quality of education.

**Activity 3.1.9.3** Invite representatives of the private sector to relevant pre-service education related national and regional events and forums

**Activity 3.1.9.4** Conduct a consultative meeting/s with the Private Health Sector Programs funded by USAID to identify concrete activities/opportunities to leverage resources

### **Sub IR 3.1.10 Strengthen Gender Offices at Universities and Colleges**

Evidence shows that there is still a huge gap in addressing gender disparities in teaching institutions for both faculty members and students. In line with the principles of the Global Health Initiative, the HRH Project will work with the gender offices to maximize the chances of success for female students. Building on the life skills TOT courses and material support in year one and the action plans developed by the higher education institutions, the HRH project in its second year of implementation will implement the following activities to build the capacity of the available gender offices and establish new ones:

- Activity 3.1.10.1** Provide supplies such as furniture and computers for the newly established and existing gender offices and clubs (remaining institutions from Y1)
- Activity 3.1.10.2** Support MOE to organize a workshop to revise the national Life Skill Manual.
- Activity 3.1.10.3** Finalize the Life Skill manual and provide financial support to MOE for printing
- Activity 3.1.10.4** Provide a Life Skill TOT courses for Gender Focal Staff at supported universities
- Activity 3.1.10.5** Organize a TOT on Gender Responsive Pedagogy
- Activity 3.1.10.6** Provide post-training coaching and mentorship to TOT trainees to ensure implementation of their action items
- Activity 3.1.10.7** Provide TSCs for gender offices in 42 project institutions to support female students in Health Science programs (with more focus on those in Midwifery, Anesthesia and HEW departments). (This may include orientation, life skill training, tutorials, counseling services, provision of study space/library near the dormitories, financial support. At a system level, Gender Office will mainstream gender in their institutions and mobilize other resource through partnership or their own income generating activities to sustain gender activities).
- Activity 3.1.10.9** Organize annual review meetings with gender offices, gender clubs, deans, and the respective Gender Directorate at MOE and MOH. One meeting will be conducted for regional health science colleges with regional health bureaus and Ministry of Health and another for Universities with MOE.

### **IR 3.2 Improved Quality of In Service Training for Health Workers**

#### ***Sub IR 3.2.1 Strengthening Health Professional Regulation***

##### ***Institutionalize a Continuing Professional Development System (CPD)***

Appropriate, timely and effective CPD is important for health workers to maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice. Subsequent to the explicit articulation of establishing a continuing professional development (CPD) program as one initiative to improve human capital and leadership in the HSDP IV, the HRH Project has supported FMHACA to finalize a CPD accreditation guideline and directive and disseminate them in the first year of implementation. This year the following key activities will be conducted:

- Activity 3.2.1.1** Support the FMOH/FMHACA to develop a CPD implementation plan
- Activity 3.2.1.2** Support the FMOH/FMHACA to establish a CPD committee at

- FMHACA
- Activity 3.2.1.3** Support the FMOH/FMHACA to identify Accreditors for CPD
  - Activity 3.2.1.4** Support the FMOH/FMHACA to accredit 42 CPD providers
  - Activity 1.3.1.5** Support the FMOH/FMHACA to assign Continuing Education Units to 12 IST courses
  - Activity 3.2.1.6** Organize a health professional association’s forum for 25 associations to advocate for health professional regulation
  - Activity 3.2.1.7** Conduct a one day launching workshop for the Provision of CPD. The workshop will be conducted for stakeholders who will be directly involved with CPD
  - Activity 3.2.1.8** Support the FMOH/FMHACA to disseminate 1000 CPD directives & Guidelines

**Work with RHBs to create an enabling environment for CPD schemes**

- Activity 3.2.1.9** Provide technical support to RHBs to establish a mechanism to identify health workers needs for CPD
- Activity 3.2.1.10** Conduct advocacy with RHBs to budget for CPD, protect time for health workers to undertake CPD activities and require to renew their licensure
- Activity 3.2.1.11** Provide technical support to RHBs to establish a mechanism for monitoring and evaluating effectiveness of CPD in improving healthcare delivery and outcomes
- Activity 3.2.1.12** Provide technical and financial support to RHBs to monitor and evaluate effectiveness of CPD in improving healthcare delivery and outcomes

**Sub IR 3.2.3 Strengthen the health professionals Ethics and Competence review system**

The HRH Project has provided technical and financial support to conduct a rapid situational assessment on health worker competence and ethical practice issues. Using findings from the assessment, the project will also support development of a guideline, manual and directive related to ethics and competency. The following specific activities will be conducted in year 2 to further strengthen the national health professionals’ ethical and competence review system:

- Activity 3.2.3.1** Support the FMOH/FMHACA to establish regional ethical review and competence committees ( Regulation Committee)
- Activity 3.2.3.2** Print and disseminate an Ethical code of conduct of health professionals
- Activity 3.2.3.3** Develop a manual/guidelines on ethical review and competence

**Sub IR 3.2.4 Strengthen Licensure and Registration systems at FMHACA and Regional regulatory bodies**

Licensing and re-licensing of healthcare workers is an important regulatory mechanism to safeguard the public from incompetent and unsafe practitioners. The HRH Project will support FMHACA and its regional counterparts in developing and implementing defensible (competency-based and evidence-based) licensure mechanisms. Before the end of the first year, the Project will provide technical and financial assistance to FMHACA to review the situation and capacity of registration and licensing units at federal and regional levels and develop directive on licensure.

Specific activities to be conducted in year two are the following:

- Activity 3.2.4.1** A one day workshop will be organized to advocate and promote the licensure directive;
- Activity 3.2.4.2** 1000 copies of the licensure directive will be printed and disseminated;
- Activity 3.2.4.3** A three-day training on licensure and registration (taking into account CPD, SOP, Code of Conduct), will be conducted for regulatory bodies;
- Activity 3.2.4.4** The project will procure essential supplies (such as sliding shelves) as per request from FMHACA
- Activity 3.2.4.5** Support FMHACA to establish a health professional folder (For regional FMHACA offices)
- Activity 3.2.4.6** Provide technical and financial support to FMHACA to monitor implementation and mentor regional regulatory bodies

***Sub IR 3.2.5 Support FMOH to develop system for licensure exam of all health graduates***

The HRH project will support the FMOH to strengthen a system that will ensure effective administration and monitoring of qualifying exams for health professionals. This will include secondment of staff at the FMOH to coordinate this activity.

- Activity 3.2.5.1** Participate in technical working group meetings for the development of licensure exam for health graduates
- Activity 3.2.5.2** Support seconded staff at the FMOH to coordinate development of systems for licensure exam
- Activity 3.2.5.3** Organize a 5-day workshop to develop implementation guideline
- Activity 3.2.5.4** Organize stakeholder consultation on the draft implementation guideline
- Activity 3.2.5.5** Organize a 5-day workshop to develop policy framework for licensure
- Activity 3.2.5.6** Organize stakeholder consultation on the draft policy framework
- Activity 3.2.5.7** Procure exam banking software and necessary hardware
- Activity 3.2.5.8** Organize a 5-day workshop to develop valid and reliable assessment

***Sub IR 3.2.6 Through FMOH, support to TVETs with health worker training programs***

Support for educational quality assurance and improvement for PSE programs located in technical and vocational institutions will be through support of the TVET (Technical and Vocational Education and Training) Agency and 11 regional TVET authorities. Emphasis will be on such areas as accreditation, subject benchmarks, curriculum strengthening and Certificate of Competence (COC) exams. In this regard the following are among the planned activities:

- Activity 3.2.6.1** Organize a 5-day workshop with the TVET to develop competency based assessment tools for health training
- Activity 3.2.6.2** Organize a 5-day workshop with the TVET to validate the competency based assessment tool
- Activity 3.2.6.3** Organize a 5-day student performance assessment training for TVET examination assessors, validators and writers
- Activity 3.2.6.4** Organize a 5-day workshop with TVET to review the center of certification (COC) assessment guideline
- Activity 3.2.6.5** Organize a 1-day dissemination workshop for COC assessment

- guideline
- Activity 3.2.6.6** Print the COC accreditation guideline
- Activity 3.2.6.7** Organize a benchmarking visit for TVET staff to identify best practices in accreditation of health training institutions
- Activity 3.2.6.8** Organize a 5-day workshop to develop a TVET accreditation guideline
- Activity 3.2.6.9** Organize a 1-day dissemination workshop for the TVET accreditation guideline
- Activity 3.2.6.10** Print the TVET assessment guideline
- Activity 3.2.6.11** Conduct a six-day Instructional Design (ID) course training for technical staff developing/revising TVET curricula ( FMOH, TVET Agency and Regional TVET authorities)
- Activity 3.2.6.12** Organize a 1-day advocacy meeting with FMOE, universities and RHSCs for development of evidence-based student selection (admission) criteria; Also discuss selection criteria for teaching staff and faculty
- Activity 3.2.6.13** Organize a 1-day awareness creation workshop with TVET on national qualification framework and its levels
- Activity 3.2.6.14** Provide books, ICT materials and office furniture to COE Centers, TVET Agency and Regional TVET Authorities to improve capacity of regulatory functions
- Activity 3.2.6.15** Conduct joint supervisory /quality assurance visits with TVET Authorities and HERQA in public and private health teaching colleges

### **Sub IR 3.2.7 National Inservice training (IST) standardization and institutionalization**

The HSDP IV identified standardization and institutionalization of in-service training as a priority agenda and some work has already begun in that direction. The project will build on ongoing activities and support the use of performance standards for IST design, delivery and management by MOH and RHBs as an objective measurement of training quality.

#### ***Activity 3. 2.7.1. Print and distribute 500 copies of the National In-service Training (IST) Strategic Framework and Guide***

The FMOH was supported to create an IST strategic framework and training implementation guide in year one. In year two, the HRH Project will support the FMOH to print and disseminate the documents.

#### ***Strengthen regional IST units at regional health bureaus***

Long term sustainability of in-service training is strongly influenced by the availability and strengthening of local and regional institutions. This activity is aimed at building capacity of regions to plan and coordinate in service training.

- Activity 3.2.7.2.1** Conduct a 5-day program management training to IST focal persons
- Activity 3.2.7.2.2** Provide essential material and equipment support for 11 RHBs
- Activity 3.2.7.2.3** Mentor regional IST focal persons to implement their respective IST action plans

#### ***Build capacity of the 35 training centers based on the result of the gap assessment***

- Activity 3.2.7.3.1** Mentoring training institutions to develop capacity building action plan
- Activity 3.2.7.3.2** Providing a six day instructional design course for trainers



- Activity 3.2.7.3.3** Providing a three days training skills course for trainers
- Activity 3.2.7.3.4** Organizing a one day benchmarking visit for the institutions
- Activity 3.2.7.3.5** Procuring & distributing essential materials to the training centers.
- Activity 3.2.7.3.6** Subject to availability of budget, supporting minor refurbishment of training centers. The maximum number is 35 but the actual number of sites to be refurbished will be determined by results of the IST gap assessment to be completed before end of year one.

#### **Provide ongoing follow up and support to the training centers**

- Activity 3.2.7.4.1** Provide supportive supervision to the training institutions and regional IST focal persons

#### **Standardize IST curricula and materials**

The available IST materials will be reviewed and standardized by,

- Activity 3.2.7.5.1** Providing mentorship to IST material developers including TWGs for the standardization of materials
- Activity 3.2.7.5.1** Revising 12 IST manuals for approval as per the standardization checklist

#### **Build the capacity of 7 professional associations for the delivery of IST**

Professional associations (PAs) are key actors in the provision of IST for their respective professions in continuously developing and updating the knowledge and skill of their professional members. In achieving this, the following are among the major activities planned to build the capacity of professional associations to deliver IST.

- Activity 3.2.7.6.1** Organize and conduct a six days instructional designing workshop
- Activity 3.2.7.6.2** Organize and conduct a three days training skills workshop
- Activity 3.2.7.6.3** Organize project management training
- Activity 3.2.7.6.4** Provide essential materials (desktop computer, Laptop, LCD projector, printer, photocopier, Scanner, flipchart stand) to each association
- Activity 3.2.7.6.5** Provide financial support to PAs to organize and deliver IST
- Activity 3.2.7.6.6** Mentor professional associations during planning, delivery and evaluation of in-service training
- Activity 3.2.7.6.7** Support the FMOH/FMHACA to conduct a study on Continuing Professional Development and Health workers Ethical and competency ( data collection, analysis and report writing) - linked to IR 4

### **RESULT 4: PROGRAM LEARNING AND RESEARCH CONDUCTED**

The HRH program will generate research and evaluation findings using rigorous methodology and innovative design/data collection strategies. The primary purpose will be to improve human resource management and the quality of education in the country. Research activities will emphasize building local partner research capacity. Local partners will include primarily the EMA and the EAA, as well as the RHBs, FMHACA, HERQA, training institutions, and the FMOH.

Capacity building activities will entail continued cooperation with these partners throughout the design and implementation of research and evaluation activities. Scientific manuscript writing workshops will be conducted in Year Two for all relevant studies. The purpose of the workshops is to disseminate and facilitate utilization of research findings, as well as to build local capacity of FMOH, partners, and project staff.

In addition, the HRH will use various routine monitoring activities to improve program implementation.

***IR 4.1: Research and Evaluation Evidence on Critical Human Resources for Health Issues Generated***

***Sub IR 4.1.1 Conduct research, disseminate and facilitate utilization of findings***

Under IR 1, the HRH project will support the FMOH to develop study protocols and conduct research to improve HRM management. Specific activities include:

**Activity 4.1.1.1** *Health Worker Retention Study:* Support the FMOH to conduct a health workers retention study, "Investigation of the working conditions, job satisfaction, motivation and retention factors that may lead to stay/leave decisions for public sector health workers."

**Activity 4.1.1.2** Organize writing workshops to develop scientific manuscripts resulting from the retention study findings.

**Activity 4.1.1.3** Develop 3 scientific manuscripts resulting from the retention study findings (workshops will focus on building local capacity of FMOH and project staff).

**Activity 4.1.1.4** *HRM Management Training Effectiveness Study:* Support the FMOH to develop a protocol on the influence of need-based short-term training in human resources management on performance and quality of health workers management.

Under IR 2, the HRH project will develop study protocols and conduct research to improve pre-service education for health professionals. Specific activities include:

**Activity 4.1.1.5** *Task Analysis Study:* Support the FMOH to Conduct a task analysis study, "Strengthening Health Professionals Education and Practice in Ethiopia with Task Analysis."

**Activity 4.1.1.6** Organize writing workshops to develop scientific manuscripts resulting from the task analysis study findings.

**Activity 4.1.1.7** Develop 3 scientific manuscripts resulting from the task analysis study findings (workshops will focus on building local capacity of FMOH, EAA, EMA and project staff).

**Activity 4.1.1.8** *Clinical Competency Study:* Support the FMOH to analyze data collected in Year One for the study titled, "Competencies of Midwifery and Anesthesia Students at the Point of Graduation in Ethiopia" and complete report writing.

**Activity 4.1.1.9** Organize writing workshops to develop scientific manuscripts resulting from the core competency study findings.

**Activity 4.1.1.10** Develop 2 scientific manuscripts resulting from the core competency study findings (workshops will focus on building local capacity of FMOH, EAA, EMA and project staff).

Under IR 3, the HRH project will develop study protocols and conduct research to improve quality of education for health professionals. Specific activities include:

**Activity 4.1.1.11** Support the FMOH/FMHACA to conduct a study on Continuing Professional Development and Health workers Ethical and competency (data collection, analysis and report writing)

**Activity 4.1.1.12** Conduct writing workshops to develop 2 scientific manuscripts resulting from the continuing professional development study findings (workshops will focus on building local capacity of FMHACA, FMOH and project staff).

**Activity 4.1.1.13 & 4.1.1.14** Organize writing workshops to develop scientific manuscripts resulting from the continuing professional development and competency and ethical review system study findings, and HRH baseline study findings.

**Activity 4.1.1.15** Develop 2 scientific manuscripts resulting from the HRH baseline study findings (workshops will focus on building local capacity of FMOH, and project staff).

***Sub IR 4.1.2 Explore the feasibility of establishing a Research & Innovation Center of Excellence in HRH***

The project will explore the feasibility of building the capacity of a selected university to establish a center of excellence that will have the capacity to conduct a broad range of research related to HRH and advise FMOH on HRH policy issues. Specific activities include:

**Activity 4.1.2.1** Organize a consultative meeting for key stakeholders to discuss the possibility and strategies for establishment of an HRH Research and Innovation Center of Excellence.

**Activity 4.1.2.2** Develop selection criteria required for a center of excellence in HRH research

**Activity 4.1.2.3** Based on discussions during the consultative meeting, develop an action plan and timeline.

**IR 4.2: Build Local Capacity in M&E and Research Focusing on HRH**

***Sub IR 4.2.1 Research capacity building and training - Support to regional health bureaus and partners***

In response to direct requests from regional health bureaus, the HRH project will provide financial support and mentorship to conduct region-specific research and utilize findings for program decision-making. Specific activities include:

**Activity 4.2.1.1 & 4.2.1.2** Nurse and Midwives Competencies Study in Tigray

The project will provide mentorship and guidance for the development of a protocol focused on a competency assessment of nurses and midwives in health facilities in Tigray, and provide financial support for data collection, analysis and report writing

**Activity 4.2.1.3 & 4.2.1.4** Midwives Competencies Study in Amhara

The project will provide mentorship and guidance for the development of a protocol focused on a competency assessment of midwives in health facilities in Amhara, and provide financial support for data collection, analysis and report writing

**Activity 4.2.1.5** In-service Training Needs Assessment in Oromia

The HRH project will provide financial support and mentoring to Oromia RHB to conduct an in-service training need assessment of health workers and health science instructors.

**Activity 4.2.1.6 & 4.2.1.7** Task Analysis Study for Essential Health Cadres

The HRH project will mentor professional associations to develop task analysis protocols for medicine, nursing, health officer, laboratory, and pharmacy cadres, and subsequently provide financial support and mentoring to conduct data collection and report writing.

**Activity 4.2.1.8** Support the FMOH to conduct a national assessment to obtain information on midwives professional interests in the next ten years

**Activity 4.2.1.9** Assist teaching institutions to develop a log book for monitoring competency of health science students in health facilities during practical attachment

**Activity 4.2.1.10** Conduct a 5 days training on research methodology for participants from the FMOH, RHBs and other key stakeholders

**Activity 4.2.1.11** Support EMA in building their M&E system.

The HRH Project will support the Ethiopian Midwifery Association in developing and M & E system.

**Sub IR 4.2.2 Research Capacity building and training**

**Activity 4.2.2.1 & 4.2.2.2** Capacity Building for HRH Project Staff in Research and M&E

The HRH project will support professional trainings and M&E review meetings for project staff, with the purpose of ensuring quality of research and routine monitoring activities. Specific activities include:

- Participation in relevant training workshops and conferences for two HRH project staff. Training topics may include: survey methods; research management; data analysis and manuscript writing.
- Support three M&E and program staff to attend the Jhpiego global annual M&E review meeting in Zanzibar (February 2014), followed by a champions writing workshop.

**Sub IR 4.2.3 Strengthen or Establish Education Information Systems (EIS) at RHSCs and Universities**

The HRH project will work with MOH, MoE, RHSCs and Universities to establish or strengthen education information systems (EIS) and institutional capacity. The purpose is to enhance training institutions' ability to monitor student intake, dropout, graduation rates, and other relevant information. Specific activities include:

**Activity 4.2.3.1** Conduct consultative meeting with MoE, RHBs, and stakeholders on the need of EIS.

**Activity 4.2.3.2** Based on recommendations resulting from the consultative meeting, support the development of a database to help schools track student information.

**Activity 4.2.3.3** Provide training on use of the database to relevant staff at the schools.

***Sub IR 4.2.4 Routine Monitoring and Supportive Supervision***

HRH project staff will carry out follow-up visits to monitor project inputs and result level indicators using standard checklists. Specific activities include:

**Activity 4.2.4.1** Conduct 24 joint quarterly joint supportive supervision visits with debriefing and feedback to RHBs, regional TVET agencies, ZHDs, FMOH, MoE, HERQA, FMHACA regional representatives, EAA and EMA. The supervision team will be drawn from HRH staff, FMOH, RHBs and other key stakeholders. Sites visited will include: health training institutions, regional health bureaus, zone health offices and woreda health offices.

**Activity 4.2.4.2** Provide mentoring and financial support to eight RHBs to conduct integrated supportive supervision as per region request.

**Activity 4.2.4.3** Conduct regular follow-up through visits and phone for monitoring project activities including monitoring environmental compliance.

***Sub IR 4.2.5 Update Data Management System***

**Activity 4.2.5.1** Routinely update SBM-R database for the set educational standards; generate reports and share with relevant stakeholders to improve program implementation.

**Activity 4.2.5.2** Track in-service training using the TrainSMART database.

***Sub IR 4.2.6 Conduct Regular Program Data Collection and Progress Reports***

The HRH program will use progress reports for decision making, program learning, performance gap identification, improving organizational process, and replicating best practices. Activities will include:

**Activity 4.2.6.1** Collect annual performance data from 42 training institutions, FMOH, and RHBs.

**Activity 4.2.6.2** Produce four quarterly progress reports for USAID, FMOH and RHBs.

**Activity 4.2.6.3** Produce two semi-annual progress report for USAID.

**Activity 4.2.6.4** Produce Year I annual progress report for USAID, FMOH and RHBs.

**Activity 4.2.6.5** Collect and compile 16 success stories/best practices per year.

***Sub IR 4.2.7 Conduct Program Planning and Review Meetings***

Regular monitoring and update meetings are an integral part of the HRH project monitoring system. Program achievements and challenges will be discussed and solutions will be sought during the following review meetings:

**Activity 4.2.7.1** Weekly meeting: The HRH core team will conduct 48 regular weekly meeting to discuss project performance and updates.

**Activity 4.2.7.2** Monthly meeting: HRH staff will hold 12 monthly program monitoring meetings at regional and country office levels.

**Activity 4.2.7.3** Provide financial support to FMOH and eight RHBs to conduct review meeting based on their request and budget availability.

**Activity 4.2.7.4** Conduct Year III HRH project planning meeting.

**Activity 4.2.7.5** Provide financial support to four RHBs to organize woreda-based health sector planning based on requests and budget availability

**Activity 4.2.7.6** Support the FMOH Annual Review Meeting, in particular the side session which will focus on HRH-related discussions

***Sub IR 4.2.8 Update M&E Plan***

The HRH project will update the five-year performance monitoring plan to ensure that indicators are updated as needed.

***Sub IR 4.2.9 Dissemination of research findings and promotion of data utilization***

The project will disseminate research findings to stakeholders, partners, and the wider public to improve policymaking and program implementation. In addition, the project will aim to share findings at regional and international conferences, as well as through peer-reviewed publications. Specific activities include:

**Activity 4.2.9.1** Conduct two dissemination workshops in Year Two to share research findings.

**Activity 4.2.9.2** Prepare brochure, briefs, and posters summarizing key research findings and disseminate to stakeholders and partners.

◇ **Prepare a work plan matrix**

SEE ATTACHED WORKPLAN MATRIX