

I - General Information

Project Title:	Strengthening Human Resources for Health
Prime partner sub-partner(s):	Jhpiego Management Sciences for Health (MSH), Ethiopian Midwives Association (EMA), Ethiopian Association of Anesthetists (EAA), Open University (OU).
Cooperative agreement number:	AID-663-A-12-00008
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ACRONYMS

ACNM	American College of Nurse-Midwives
AV	Audio Visual
BSC	Balanced Score Card
BPR	Business Process Reengineering
CBE	Community Based Education
CPD	Continuing Professional Development
COC	Certificate of Competence
DHRDA	Directorate of Human Resources Development and Administration
DQA	Data Quality Assessment
EBC	Ethiopian Broadcasting Corporation
EAA	Ethiopian Association of Anesthetists
ETS	Effective Teaching Skills
EMA	Ethiopian Midwives Association
EMT	Emergency Medical Technicians
FMHACA	Food, Medicine and Healthcare Administration and Control Authority
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
FOG	Fixed Obligation Grant
GoE	Government of Ethiopia
GSM	Global System for Mobile Communications
HE	Health Economics
HEW	Health Extension Worker
HEP	Health Extension Program
HERQA	Higher Education Relevance and Quality Agency
HRIS	Human Resources Information System
HR	Human Resources
HRH	Human Resources for Health
HRM	Human Resources Management
HSDP	Health Sector Development Program
HSEDC	Health Sciences Education Development Center
ICU	Intensive Care Unit
ICCM	Integrated Community Case Management
IQA	Internal Quality Assurance
IT	Information Technology
IPLS	Integrated Pharmaceutical Logistic System
ICT	Information and Communication Technology
ISS	Integrated Supportive Supervision
IST	In-service Training
JD	Job Description
LMG	Leadership, Management and Governance

MCH	Maternal and Child Health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goal
MEPI	Medical Education Partnership Initiative
M&E	Monitoring & Evaluation
MOST	Management and Organizational Sustainability Tool
MOU	Memorandum of Understanding
MSH	Management Sciences for Health
OU	Open University
OCACA	Occupational Assessment and Certification Agency
OR	Operation Room
PAASCU	Philippines Association of Accredited Schools, Colleges and Universities
PFSA	Pharmaceuticals Fund and Supply Agency
PMTCT	Prevention of Mother to Child Transmission
PMP	Performance Monitoring Plan
PSE	Pre-service Education
RHSC	Regional Health Science College
RHB	Regional Health Bureau
SBM-R®	Standards-Based Management and Recognition
SCM	Supply Chain Management
SNNPR	Southern Nations, Nationalities and Peoples Region
SOP	Scope of Practice
TB	Tuberculosis
TOT	Training of Trainers
TOR	Terms of Reference
TWG	Technical Working Group
TVET	Technical and Vocational Education and Training
USAID	United States Agency for International Development
UNFPA	United Nations Population Fund
VSO	Voluntary Service Overseas
WCI	Work Climate Improvement
WHO	World Health Organization
ZHD	Zonal Health Department

II- Back ground

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, increasing availability of midwives, anesthetists, health extension workers and other priority cadres, improving and monitoring the quality of education, 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), Human Resources for Health (HRH) strategy and health related Millennium Development Goals (MDG 4, 5 & 6).

However, findings from a 2012 Rapid Situational Assessment of Human Resources for Health in Ethiopia¹ indicated that there was a critical shortage of health professionals across cadres in most regions. Unmet need for midwives and anesthetists stood at 63% and 44%, respectively, 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 was approximately 5%. In addition, some regions still had 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 contributed to the HRH challenges. In addition, inconsistencies in and lack of availability of HRH data were evident at the FMOH and RHBs. The newly deployed Human Resources Information System (HRIS) was 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

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

other essential health cadres such as emergency medical technicians and biomedical technicians with HRH project support.

Through program inputs at both the national and regional level, and in collaboration and coordination with the Federal Ministry of Health (FMOH), Higher Education Relevance and Quality Agency (HERQA), Food, Medicine and Health Care Administration and Control Authority (FMHACA), 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 diseases and maternal and newborn morbidity and 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, Health Extension Workers (HEW)s 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 (Result 2 and 3) will be supported by an overall strengthened health management approach (Result 1). All project approaches will be evidence based and rooted in program learning (Result 4).

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 such as Business Process Re-engineering (BPR), Balanced Score card (BSC) based performance management systems, and various participatory planning and management efforts. These investments are aimed at strengthening HRM systems to create a health workforce that is responsive to health needs of the communities. The HRH project is building upon existing efforts and 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, deploy and maintain employees to improve health services.

Strengthen HRH policies and practices:

The project will support the FMOH to finalize the draft Human Resources (HR) strategic plan, and collaborate with them to disseminate, implement and monitor the guidelines and recommendations outlined in the final plan. The HRH project will also work closely with the FMOH and RHBs to identify, print and/or photocopy and disseminate the Federal and Regional Proclamations, policy and procedure manuals on HRM. 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 at the national and regional levels. The National forum will meet twice a year and regional forums quarterly, with close linkages and coordination between regional and national forums.

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 Healthcare Administration and Control Authority (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 improved quality of 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, establishing health sciences education development center (HSEDC), improving faculty teaching skills, reforming curricula, strengthening assessment policies and strategies, and implementation of continuous internal quality improvement. 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. The project will also support the FMOH to establish and implement a Continuing Professional Development (CPD) System.

Research and Program Learning:

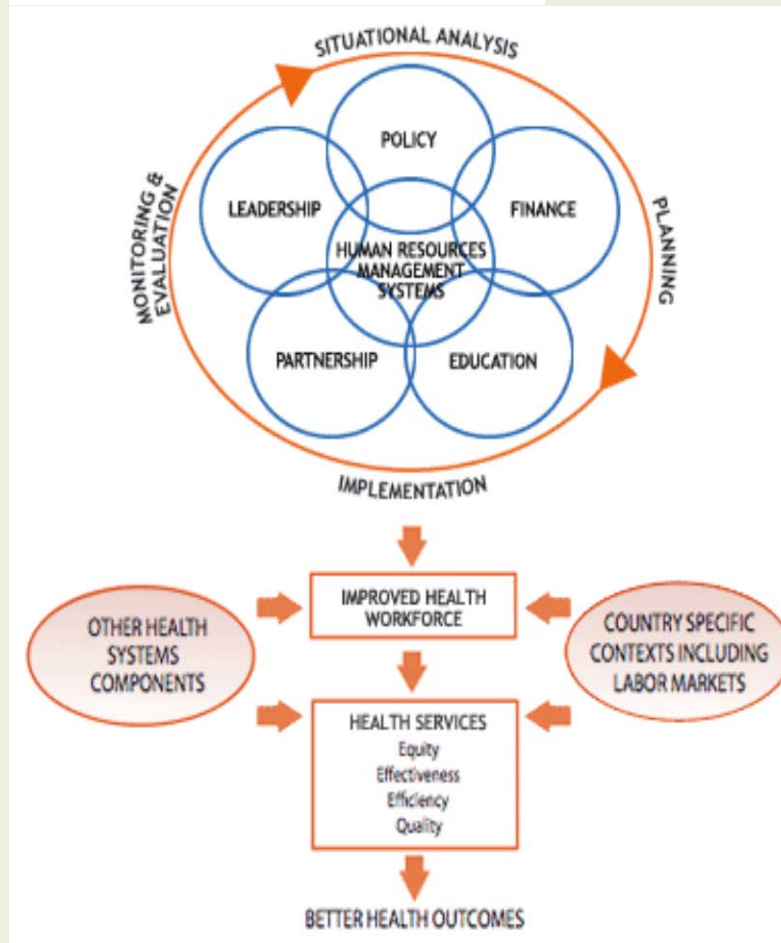
To support evidence-based decision-making, the HRH project will conduct relevant, coordinated assessments, research and program learning, and will systematically capture and process information and document lessons learned in alignment with the GoE's HSDP IV and HRH Strategic Plan.

Linkage of Project Results to Funding Streams and Health Outcomes:

The HRH project was designed to operationalize the Human Resources for Health Action Framework illustrated in Figure 1 below. It is expected that a competent and motivated health workforce, adequately supported through strengthened health systems and policies, will be equipped and enabled to provide effective, efficient, equitable and quality healthcare

services to the population, reducing burden of infectious diseases (especially HIV, tuberculosis, and malaria) and improving maternal, newborn and child health outcomes.

Figure 1. Health Action Framework



The table below summarizes assumptions that can be used to guide the process of determining the impact of health system strengthening interventions on service delivery

Project Interventions	Project Outcomes	Proxy Measure of Impact on Service Delivery and Health Outcomes
IR ONE: Improved Human Resources for Health Management		
<p>Build technical, management and leadership capacity of HR leaders, managers, supervisors and staff at FMoH, RHB, ZHDs and WoHOs through:</p> <ul style="list-style-type: none"> - HRM capacity assessment and implementation of capacity building interventions; - In-service training in HRM; - Postgraduate education in human resource management and health economics; - Post-training follow up, mentorship and on-job technical support <p>Strengthen HR structures, budgets and staffing levels</p>	<p>An increased number of qualified HR and Management professionals available to plan, develop, recruit, orient, deploy and support health workers at national, regional, sub-regional and health facility levels across the country</p>	<ul style="list-style-type: none"> ▪ Increased coverage of MCH, FP/RH, HIV, TB and malaria services ▪ Improved quality of MCH, FP/RH, HIV, TB and malaria services ▪ Reduced burden of HIV, TB, and malaria ▪ Reduced maternal and under-five mortality levels ▪ Reduced disparities in MCH, FP/RH, HIV, TB and malaria service coverage and outcomes across social groups
<p>Technical support provided to improve HRM practices at all levels (development, revisions and updating of job descriptions, improved recruitment and deployment practices; orientation of new staff and performance management and support)</p>	<p>Increased number and distribution of the health workforce at district and health facilities</p>	
<p>Support the development of policies and systems to support recruitment, deployment and retention of health workers</p>	<p>Well managed health system with improved health workers' job satisfaction, motivation, productivity and retention. Attrition of health workers reduced and equitable distribution of health workers increased.</p>	
<p>Technical and financial support to develop policies to ensure appropriate qualification of health workers, including, competence & review system, registration and licensure</p>	<p>Increased quality of health worker skills and professionalization</p>	
<p>Technical and financial support to National and Regional HRH Strategic planning and annual woreda-based planning</p>	<ul style="list-style-type: none"> - Improved planning, implementation and 	

Project Interventions	Project Outcomes	Proxy Measure of Impact on Service Delivery and Health Outcomes
in all regions.	performance monitoring and evaluation for priority health programs in the country. - Improved availability of needed health workforce	
IR TWO: Increased Availability of Midwives, Anesthetists, HEWs and other Essential Health Workers		
Support pre-service education of midwives, anesthetists, HEWs, and other essential health workers, including <ul style="list-style-type: none"> - Evidence-based curriculum development and revision - Procurement of teaching/learning materials - Faculty development - Expanding and strengthening clinical practice sites - Strengthening internal quality assurance systems - Building capacity of professional associations 	Increased number of competent midwives, anesthetists, HEWs, and other essential health workers available to provide services	<ul style="list-style-type: none"> ▪ Increased coverage of MCH, FP/RH, HIV, TB and malaria services ▪ Improved quality of MCH, FP/RH, HIV, TB and malaria services ▪ Reduced burden of HIV, TB, and malaria ▪ Reduced maternal and under-five mortality levels ▪ Reduced disparities in MCH, FP/RH, HIV, TB and malaria service coverage and outcomes across social groups
IR THREE: Improved Quality of Training of Health Workers		
Provide support to improve quality of health workers education through: <ul style="list-style-type: none"> - Developing innovative curricula - Strengthening faculty capacity - Developing or strengthening clinical skill learning laboratories - Improving educational infrastructure - Strengthening internal quality improvement systems 	Increased number of competent health workers available to provide services	<ul style="list-style-type: none"> ▪ Increased coverage of MCH, FP/RH, HIV, TB and malaria services ▪ Improved quality of MCH, FP/RH, HIV, TB and malaria services ▪ Reduced burden of HIV, TB, and malaria ▪ Reduced maternal and under-five mortality levels ▪ Reduced disparities in MCH, FP/RH, HIV, TB and malaria service coverage and outcomes across social groups
Strengthening accreditation and regulatory systems, including <ul style="list-style-type: none"> - Strengthening accreditation and external quality audits of higher education institutions and their programs - Developing national licensing to verify initial competence 	Health professional education regulatory systems strengthened resulting in improved competence that is maintained over time	

Project Interventions	Project Outcomes	Proxy Measure of Impact on Service Delivery and Health Outcomes
for new graduates - Support continuing professional development for practicing health workers to ensure continued fitness to practice		
Support standardization and institutionalization of In-Service Training (IST) in line with national guidelines. - Support establishment or strengthening of 35 IST centers - Develop the capacity of trainers - Develop standard training packages	Competent health workers with improved technical capacity available to provide services	
IR FOUR: Program Learning and Research Conducted		
Support the government to conduct operational research and generate evidence on priority HRH issues: <ul style="list-style-type: none"> ▪ Midwifery and anesthetists competence levels ▪ Health workers motivation, satisfaction and retention ▪ Health workers Task Analysis ▪ Health workers regulation ▪ Effects of HRM interventions on organizational performance, provider job satisfaction, and service utilization ▪ Effects of PSE strengthening interventions on quality and competence of graduates and service utilization 	Evidence-based strengthening of education, practice, regulation and management of HRH.	<ul style="list-style-type: none"> ▪ Increased coverage of MCH, FP/RH, HIV, TB and malaria services ▪ Improved quality of MCH, FP/RH, HIV, TB and malaria services ▪ Reduced burden of HIV, TB, and malaria ▪ Reduced maternal and under-five mortality levels ▪ Reduced disparities in MCH, FP/RH, HIV, TB and malaria service coverage and outcomes across social groups
Support the government to conduct integrated supportive supervision	Improved quality of services at health facility level	Quality of MCH, HIV, FP/RH, TB, and Malaria services provided at health facility levels
Support the government to organize annual review meetings	Improved monitoring and quality of health delivery through identification of best practices and challenges	Decisions made to provide quality MCH, HIV, FP/RH, TB, and Malaria services

3. SUMMARY OF SELECTED ACHIEVEMENTS BY RESULT AREAS

(A detailed report of Year One (15 May 2012 – 30 Sep 2013) and Year Two, Quarter 1 - 3 (01 Oct 2013 – 30 June 2014) accomplishments can be found in the attached Annex A)

IR One: Improved Human Resources for Health Management

1.1 Improved HRM Capacity

- To ensure that interventions are evidence/need-based and contextually relevant, Human Resources Management (HRM) rapid capacity assessments were conducted at the Federal Ministry of Health (FMOH), FMHACA, 11 Regional Health Bureaus (RHBs), the Ethiopian Midwives Association (EMA) and Ethiopian Association of Anesthetists (EAA). Findings identified HRM gaps and challenges, and informed development of three-year action plans aimed at improving organizational structure, policy and practices related to HRM. The entire process was participatory ensuring ownership, trust and commitment for action by the beneficiary institutions.
- One of the critical gaps identified in the HRM assessments was structural. Subsequently, existing HR structures were reviewed and a total of **1226** new HR and other positions created fully funded out of the government budget.
- Regional health bureaus were also supported to strengthen HR management practices (updating job descriptions, recruitment and orientation, HRIS data collection and entry, etc.).
- The HRH project provided leadership and governance training for 19 EMA and EAA board members to strengthen the associations
- Technical and financial support provided for Woreda-based health sector planning in Oromia, Amhara, Harari, SNNPR and Benishangul-Gumuz regions.
- Supported secondment of 7 staff at FMHACA, HERQA, and FMOH. These staff provided technical assistance and support to the government stakeholders for development and review of policy documents and standards, as well as support for implementation of activities.

1.2 Improved Motivation and Retention

- One of the biggest HRH problems in Ethiopia is low motivation and high turnover of staff. To provide evidence for an effective and contextually relevant and feasible motivation and retention strategy, a desk review was done; subsequently, a national retention study was conducted, sampling 1,356 health workers and 217 managers. Data analysis has been completed, and a technical report is current being developed. Findings will be disseminated and utilized to inform development of staff motivation and retention strategies.
- Employee job satisfaction surveys were also conducted at the FMOH and 9 Regional Health Bureaus. In addition, employee exit interviews were conducted in all 11 Regional Health Bureaus. Findings will be additional inputs to design motivation and retention strategies as well as work climate improvement interventions.

1.3 Improved Human Resources for Health Policies and Practices

- Graduates from technical and vocational education and training programs are required to sit for a licensing exam to verify their competence prior to deployment. This requirement, however, has not been applied to graduates from university study programs. The HRH

project supported development of a policy document making it compulsory for all health professionals to take a standard national licensure exam.

- An up-to-date scope of practice is an important regulatory mechanism to ensure public safety by delineating the limits of what a given cadre is qualified to do. The HRH Project supported the development and updating of Scopes of Practice for health workers for 26 professional categories.
- It is not just lack of HR policies and laws that is causing inconsistencies and gaps in HRM practices. It is also a lack of awareness of existing HR policies and laws. To address this gap, the HRH Project supported the FMOH to orient its staff on labor laws, proclamations and civil service codes. An Employee handbook was also developed to guide orientation of new FMOH and RHB staff.
- HRH planning is critical to forecast and develop evidence-based human resource requirements for the health sector. The national HRH Strategic Plan was developed in 2008 and remained in draft form. The HRH Project supported the FMOH to review and update the HRH Strategic Plan. Ongoing support is being provided towards finalizing the plan.

1.4 Enhanced Human Resources for Health Forums

Addressing human resources for health challenges requires coordinated inputs from multiple stakeholders working for synergy. The HRH Project supported the Ministry of Health to establish a multi-sectoral National HRH Forum that will meet semi-annually. Regional HRH Forums are also established in 10 regions, each having agreed to meet quarterly. The forums will encourage strategic partnership, collaboration, local ownership, transparency, accountability and sustainable solutions for HRH problems.. National and regional forums will also be linked ensuring feedback, experience sharing, coordination and follow-up of action items.

1.5 Improved management of staff training

Staff training should be planned and conducted based on a formal process of assessing staff needs and address the organization's key priorities and changes in the health sector and practice. HRM focal persons need enhanced skills to manage staff training. Accordingly, an HRH Management In-service Training Package was developed and endorsed by the FMOH. Subsequently, a Training of Trainers (TOT) was provided to 60 participants from FMOH, federal agencies and hospitals and RHBs. Following the TOT, a total of 364 HR managers were trained. Technical support was also provided to RHBs to develop in-service training plans.

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

- Improving maternal and child health outcomes and reducing burden of infectious diseases like HIV, TB and malaria requires availability of sufficient number of health workers especially midwives, anesthetists and health extension workers. However, the number of these cadres is presently low mainly due to limited capacity for production.

Increasing supply and availability of these cadres requires strengthening the capacity of education institutions to increase production while maintaining or increasing quality. Accordingly:

- Educational standards were developed and training and mentoring support given for midwifery, anesthesia and HEW schools to guide quality improvement processes.
- Educational materials including simulators and clinical equipment to strengthen clinical skills learning labs were distributed to 49 education institutions.
- Faculty development courses were conducted for 4,919 instructors and preceptors (as of 30 September 2014) to build their capacity as educators in such areas as Effective Teaching Skills, Instructional Design Skills, Simulation-based Healthcare Education, HIV/PMTCT technical updates, etc.

The HRH Project also supported review of occupational standards and development/revision of 13 curricula for 8 cadres (including Midwifery Master's program, HEW, biomedical technician, emergency medical technician, neonatal Intensive Care Unit (ICU) nurses, Operation Room (OR) nurses).

As a result of project inputs in years one and two, we contributed to the graduation of 13,733 health workers from public training institutions (6,192 midwives, 423 anesthetists, 3,377 rural HEWs level III, 3,169 HEWs level IV, and 572 other essential health workers).

The needs for supply of health workers is not limited to clinical providers but also includes public health professionals who can improve human resource planning and management capacity in the context of broader health sector strengthening. Thus, 3 public Universities and 1 private Higher Education Institution were supported to design and prepare for provision of post-graduate programs in Health Economics and Human Resources for Health Management. The program was launched in July 2014 at Gondar University, with preparations for others to follow in year three.

Result 3: Improved Quality of Training of Health Workers

3.1 Improved Quality of PSE of Health Workers

The Ethiopian Government is doing well in scaling up the quantity of health worker education. Increasing numbers of health workers without assuring quality of education will not however translate into improved population health outcomes. Accordingly, the HRH Project supported education institutions and regulatory bodies to improve educational quality and quality assurance systems.

The HRH Project promoted the establishment and strengthening of Health Sciences Education Development Center (HSEDCs) in all public and private health teaching universities and colleges. The HSEDCs will lead educational quality improvement processes, curriculum review, appraisal and development, faculty development and in-service training of health workers, review and improvement of assessment, and educational research. In year two, through Fixed Obligation Grants (FOGS), 42 HSEDCs were provided with funding and mentoring to conduct activities related to improving quality of education such as faculty development, internal quality audit and curriculum revision.

We procured educational materials and equipment (buses, skills lab materials, anesthesia machines, books, computers, and furniture) to strengthen infrastructure for quality education in 49 health teaching universities and colleges.

With regards to educational accreditation and regulation, the HRH Project provided technical and financial support to the Higher Education Relevance and Quality Assurance Agency (HERQA) and the federal and regional Technical and Vocational Education and Training offices. A national advocacy meeting with the State Minister of Higher Education and Members of Parliament was held to disseminate lessons learned from a benchmarking to the Philippines Association of Accredited Schools, Colleges and Universities (PAASCU).

In partnership with HERQA and MOH, a strategic document to revitalize quality assurance systems for education of health professionals was developed. Consequently, educational standards that will guide accreditation and quality improvement for the seven major health professions (medicine, health officer, nursing, midwifery, anesthesia, pharmacy, medical laboratory) were developed. In addition, accreditation training was provided for 100 HERQA assessors.

Regarding Technical and Vocational Education Training (TVET), we supported the Ministry of Education to review and develop guidelines and manuals on outcomes based training, assessment and certification. We also supported the Amhara Region Occupational Competence Assessment and Certification Agency to train Certificate of Competence (COC) assessors and validate tools.

Technical and financial support was also provided to 42 education institutions to establish and strengthen gender offices in support of educational outcomes for female students such as orientation and academic counseling.

3.2 Improved Quality of In-Service Training for health workers

In-service training and continuing professional development (CPD) aligned with health priorities and professional needs are crucial not only for updating and maintaining competence of health workers, but are also important as motivational tools to improve performance and retention of health workers. When capacity to develop and provide need-based in-service training is strengthened, the knowledge, skills and performance of health workers in the provision of HIV, TB, malaria, maternal and child health and family planning/reproductive health will improve. With this understanding, the HRH Project supported the FMOH to finalize and launch In-Service Training (IST) Strategy, Directive, and Implementation Guideline. Subsequently, 35 IST sites were selected by the FMOH, and the HRH project supported preparation of the sites in accordance with national standards.

The HRH Project also supported the FMHACA to finalize Continuing Professional Development (CPD) guidelines and directives requiring health workers to present evidence of continuing education for renewing their license to practice. We organized awareness raising and sensitization sessions on CPD during annual conferences of 7 professional associations, reaching thousands of health professionals.

Result 4: Monitoring & Evaluation, Program Learning and Research

Evidence generation through research and evaluation is critical for effective human resources for health planning, development and management. Program learning through monitoring and evaluation of interventions is also important for continuous improvement of the HRH Project and its impact in improving population health outcomes. Accordingly, a number of studies have been conducted in collaboration with MOH, professional associations and local research firms to build local capacity.

- A comprehensive national HRH baseline survey was conducted to assess human resources management capacity at federal, regional, zonal and woreda levels and training capacity in health training universities and colleges. A national study with the aim of obtaining baseline information regarding the competence of midwifery and anesthesia students at the point of graduation was also conducted providing important feedback to training institutions and the Ministry of Health. A Task Analysis study focusing on midwives, anesthetists and HEWs was conducted to identify priority areas for strengthening their education, practice and regulation.
- Data collection for a National Health Worker Retention study completed, capturing perceptions of health workers and managers. Data analysis and report writing was carried over to year three.
- The HRH project also developed study protocols on the following priority health system agendas and will be carried out in year three:
 - Health professionals regulation study to assess the situation of continuing professional development, adherence to scope of practice, competence and ethics review system, registration and licensing
 - Competence assessment of deployed midwives at health facilities in Amhara and Tigray Regions.
- The HRH Project provided ongoing support to the FMOH and RHBs to conduct and document joint/integrated supportive supervision visits. We collected annual performance data, and findings were used to update the Performance Monitoring Plan (PMP). A Data Quality Assessment (DQA) was also conducted to ensure quality of program data.

4. Lessons learned

1. Involving government stakeholders in planning, implementation, and review of progress increases ownership and understanding, and reduces ad-hoc requests. Ongoing discussion is required to balance planned project activities with changing government priorities.
2. Initial mistrust from the government, associated with the large size of the funding, has been minimized by conducting bi-weekly meetings with senior leadership at the FMOH, responding to Government priorities, plan alignment and joint performance monitoring. These efforts have resulted in a strong collaborative relationship.
3. Effective partnership with key stakeholders (HERQA, FMHACA, TVET, Universities and Health Science Colleges), has resulted in a collaborative and multi-sectoral approach to develop/revise key policy documents, which will guide strengthening of quality assurance for pre-service and in-service education and training of health workers.

5. Implementation and coordination strategies

The HRH project leadership participates in bi-weekly meetings with the FMOH, to ensure that they are aware of and contributing to project implementation.

The HRH project also supports and facilitates HRH forum meetings at the regional, as well as the national level. These meetings bring together key stakeholders, including the FMOH, RHBs, Federal Ministry of Education (FMOE), Higher Education Relevance and Quality Assurance (HERQA), TVET, professional associations, universities and RHSCs.

Whenever possible, the project identifies opportunities for partnership and leveraging resources with implementing partners. Examples of successful collaborations in the past year are engaging the USAID funded Leadership, Management and Governance (LMG) Project and Abt. Associates Inc. Health Care Financing Reform project in development of postgraduate programs in human resource management and health economics and establishment of supply chain management technical working group.

Year 3 Work Plan (01 October 2014 – 30 September 2015)

Result 1: Improved Human Resources for Health Management

Human resources management in the context of the health sector is the integrated use of procedures, policies, and practices to plan, recruit, deploy, manage, motivate, develop and retain health workers in order to meet health sector goals. Effective human resources for health management system improves planning, availability, development, performance, and retention of health workers to achieve health sector development goals including, but not limited to, reduction of burden of infectious diseases and maternal and child mortality and morbidity. Improved human resource for health management in Ethiopia entails improving HRH management capacity, motivation and retention schemes, policies and practices, coordination and collaboration, and management of staff training.

IR 1.1 Improved HRM Capacity

During Year one and two, HRM rapid capacity assessments were done and 3-year action plans developed in all regions, FMOH, FMHACA, EMA and EAA. Effective implementation of these 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 HR planning and decision-making. Mentoring and technical inputs to implement the agreed interventions have already begun and will be strengthened and continued in year three.

Sub IR 1.1.1 Strengthen the implementation of Human Resource Management (HRM) Capacity Assessments action plan/HR Plan for Directorate of Human Resources Development and Administration (DHRDA)/FMOH and RHBs

Activities implemented under this sub IR will ensure smooth implementation of action plans developed during HRM Rapid Capacity Assessments, as well as the annual operational plan of the HR Directorate at the FMOH and HR Support Processes in the RHBs. Two specific activities are planned to achieve this, as described below:

- ***Activity 1.1.1.1. Conduct follow-up of HRM Rapid Assessment Action Plans at the DHRDA/FMOH, and 11 Regional Health Bureaus***

In Year 1 and 2 of the project, 15 HRM Rapid Assessments were carried out with FMOH, FMHACA, 11 Regional Health Bureaus and two local professional associations (EMA & EAA). The HRH Rapid Assessments provided an opportunity to review the status of HRH management in these institutions and identify gaps that led to development of action plans to address priority HRH needs in the country. In Year 3, the project will provide follow-up and technical support for the implementation of these action plans at both national and regional levels through regularly scheduled meetings between HR Directorate/HR Support Process and HRH project staff. At regional level, these meetings will be organized and led by the HR Support Process every month or every two months based on regional health bureau priorities. The results of these meetings will inform priority areas for quarterly supportive supervision to the lower levels and subsequent quarterly HRM review meetings.

Sub IR 1.1.2 Strengthen HR structure, budget and staffing levels at FMoH, RHBs, Zonal and Woreda Health Office

In Year Two, nine (9) RHBs conducted reviews of their HR structures, and successfully created 1100 new HR positions at regional, zonal and Woreda levels. The Amhara RHB revised HR and non-HR positions at all levels of health systems and proposed approximately 800 new positions for approval by the Regional Council – approval is still pending. In Tigray and Afar this activity was postponed to year 3.

In Year Three, the HRH project will assist Tigray and Afar RHBs to review their HR structure and budget, and Amhara will be supported to secure approval for the proposed positions. Activities in line with this sub-IR are briefly described below.

- ***Activity 1.1.2.1. Provide technical and financial support to Tigray and Afar RHBs to organize consultative meetings with regional civil service bureaus***
Tigray and Afar Regions will review existing HR structures and create new HR positions at regional, woreda and health facilities with technical and financial support from HRH project. Using the lessons learned from other regions who have conducted HR structure reviews in Year 2, this process requires buy-in from the regional civil service and regional finance bureaus. The HRH project will provide technical and financial support to the RHBs to organize and conduct a one-day consultative meeting with these bureaus to gain support, including establishing a technical working group (TWG) to review and recommend the HR structure and staffing level at regional, woreda and health facilities. The TWG will consist of 5-6 technical experts from the RHB, regional civil service and finance bureaus and other relevant bodies and will be responsible to conduct the review and recommend appropriate structures.
- ***Activity 1.1.2.2. Provide financial and technical support to Tigray and Afar to conduct a TWG meeting with the aim of reviewing and proposing a new HR structure***
Once established, the TWG in each region will determine the appropriate approach for conducting the HR structure review process. Most commonly, TWGs choose to hold an intensive working session of one to two weeks to conduct a workload assessment, review the existing structure and recommend the new structure. The HRH project will provide both technical and financial support to the TWGs. Technical support includes assigning HRH project staff to work with the TWG to provide guidance and technically contribute for the revision of existing structure and staffing levels.
- ***Activity 1.1.2.3. Provide financial and technical support to Tigray, Afar and Amhara RHBs to conduct a consultative workshop to secure approval for newly proposed HR positions***
In Tigray and Afar regions, this activity will facilitate the conduct of the second consultative meeting with relevant regional stakeholders, during which the TWGs will present their findings and proposed HR structure. In Amhara, this will enable the RHB to formally discuss the proposed structure and secure approval for the proposed HR and non-HR positions at all levels.

- ***Activity 1.1.2.4. Provide ongoing technical support to FMOH and RHBs to fill newly created/vacant HR positions at all levels (at least 55% of 1100 positions created in Year 2)***

In Year 2, the FMOH and 9 RHBs revised existing HR structures and created 1100 new HR positions in RHB, Zonal Health Department (ZHDs) and Woreda Health Offices. These positions were approved by the regional civil service bureaus in each region. Budgets to recruit, fill these positions and cover salaries were negotiated in Year 2 and confirmed during the woreda-based planning process. In this year, the HRH project will provide technical support to the RHBs to fill at least half of these positions. Technical support includes working with the RHB's HR support process to develop job specifications, position announcements, reviewing Curriculum Vitae (CVs), conducting interviews, etc.

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

- ***Activity 1.1.3.1. Provide technical and financial support for Annual HR planning at national and regional levels***

The HRH project will provide technical support to the HR Directorate at the FMOH, and HR support process at RHBs to develop HR Core Plans for 2014- 2015. The project staff will also participate in the Woreda-based planning and support incorporation of HR activities into ZHD, Woreda and health facility plans. The project will also provide financial support to cover per diem and lodging of HR Support Process staff that will travel to zones and woredas to facilitate the planning. HRH project staff seconded to FMOH and RHBs project will also provide technical support to the HR planning at RHB and travel to selected zones and woredas to provide necessary support.

- ***Activity 1.1.3.2. Conduct financial management (budget development) training for HR staff at FMOH and RHBs to improve costing and budgeting skills***

The project will work closely with the 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. The activity was planned in Year 2 but carried over to Year 3 due to scheduling conflicts.

- ***Activity 1.1.3.3. 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 collate key indicators to monitor the planned HRM activities at national and regional levels. The indicators will be developed through desk review of international and national literature, and will be composed into a manual. Orientation will be provided to HR staff at national and regional levels. The manual/tools are intended to strengthen monitoring and evaluation of planned HR activities at FMOH, RHBs and sub-regional level.

Sub IR 1.1.4 Human Resource Data collection and use system

- ***Activity 1.1.4.1. Support the FMOH to conduct a national Human Resource Information System (HRIS) Rapid Assessment***
One of the major HRH challenges in the country is a poorly functioning Human Resources Information System (HRIS) for evidence based and informed decision making. The FMOH requested the HRH project to support an assessment of the current national HRIS, and develop recommendations on the requirements to make it functional. This assessment will involve relevant stakeholders identified by the FMOH, and the HRH project will provide technical and financial support for the conduct of the assessment.
- ***Activity 1.1.4.2. Provide technical support to the RHBs in HR data collection, entry and reporting on semiannual basis***
In Year 2, the HRH project provided technical support to RHBs to collect and enter HR data. In this year, technical support will be provided to the RHBs to ensure that HR databases are up-to-date, and data used for quarterly reporting from health facilities, woreda and zones, and semi-annual reporting from RHBs to the national level. A specific reporting schedule will be developed/agreed upon based on the HRIS assessment findings and recommendations (activity 1.1.4.1, above)
- ***Activity 1.1.4.3. Provide ongoing technical support to reinforce and facilitate HR data use for decision making***
In addition to regular reporting from local to regional health bureaus and to FMOH (activity 1.1.4.2 above), ongoing technical support will be provided to the FMOH and RHBs to strengthen data analysis and data use for actions at all levels.
- ***Activity 1.1.4.4. Provide ongoing technical support to RHBs to organize Personnel files***
In Year 2, the HRH project provided technical support to the regional HR support processes to develop a minimum standard (checklist) that a personnel file should contain. Health worker personnel files were subsequently organized by retrieving missing documents such as bio-data forms, pension identification, family status, training history, etc. Continued support will be provided in Year 3 to further strengthen this activity. When the HRIS becomes fully functional, paper-based personnel files will be converted into an electronic database with regular back up.
- ***Activity 1.1.4.5. Provide necessary supplies to modernize archive systems***
In Year 2, the HRH project provided financial support to the HRDA to sort and transport health professionals' files from the FMOH archive to the RHBs where professionals are based. This support will continue in Year 3 to further strengthen the filing and archive system including computerizing the indices of various files. In addition, procurement of filing cabinets, shelves and various other materials to strengthen the archive system in the RHBs is currently underway and will be completed by the end of Year 2. With these inputs in place, additional need-based technical and financial support will be provided to RHBs to strengthen their archives.

- ***Activity 1.1.4.6. Support the FMOH to procure software to update the archiving system in collaboration with the National Archives and Library Agency***

In response to a request from the FMOH, the HRH project will support procurement of software to be used in updating the FMOH's archiving system.

Sub IR 1.1.5 Improve performance management systems and practices

- ***Activity 1.1.5.1 Support 6 RHBs to review and update Job descriptions and give copies to relevant staff***

In Year 2, HRH provided technical support to the RHBs to review and update job descriptions (JDs) for HR Support Process and other core processes. This activity was completed in 5 RHBs and the FMOH. Additional support is required in Year 3 to complete this activity in Oromia, Tigray, Afar, Dire Dawa and Harari RHBs.

- ***Activity 1.1.5.2. Provide technical and financial support to RHBs to conduct training on the Balanced Score Card (BSC) system, to reinforce implementation of the system.***

The Balanced Score Card (BSC) system is a means for joint planning, performance measurement and improvement in which staff and supervisors sit together and prepare work plans jointly. In this year, technical and financial support will be provided to train 240 staff in BSC in six RHBs (Amhara, SNNP, Harari, Dire Dawa, Addis Ababa and Oromia) to strengthen the BSC implementation.

- ***Activity 1.1.5.3. Facilitate experience sharing between the regions to enhance implementation of BSC/performance planning and management system***

There are regional variations in implementation of BSC. Afar, Benishangul-Gumuz, Gambella and Somali RHBs will be provided with technical and financial support to share experiences and lessons learned from other regions as it relates to implementation of the BSC. Financial support will be provided for ten (10) staff from each RHB to visit and learn from selected regions with good BSC systems and practices in place (e.g. Oromia, Amhara, SNNP)

- ***Activity 1.1.5.4 & 1.1.5.5. Consolidate findings from the experience sharing visit in 1.1.5.3 above, and develop plans of action to start implementation of BSC in each RHB***

Each of four regions above (activity 1.1.5.3) will be provided with technical support to consolidate lessons from the experience-sharing, and to develop plans to initiate implementation of BSC in their respective regions. This may include consensus building with regional civil service bureau and training on BSC-based planning and performance management.

In addition, quarterly visits and technical support will be provided from HRH project and/or RHBs HR staff from the stronger regions to enhance the implementation capacity of these regions.

- ***Activity 1.1.5.6. Review and update the existing integrated supportive supervision checklist (to include new HRH-related indicators)***

In Year 2, checklists to guide supportive supervision of HR activities were developed at FMOH and all RHBs. In most regions where integrated supportive supervision (ISS) is

regularly practiced, HR checklists were fully integrated into the existing integrated supportive supervision checklists. As programmatic and HR priorities may change over a course of the year, it is important to check validity/sensitivity of existing checklists to monitor current HR activities at various levels of health systems. Thus existing ISS checklists (HR sections) need to be reviewed and updated as needed before quarterly supervision takes place. This will take place at FMOH and 11 RHBs with technical support from HRH project staff seconded to these institutions.

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

In Year 2, the HRH Project supported a twinning visit in Uganda, with a focus on learning best practices related to HRIS, professional licensing exams (Board Exams) and continued professional development systems and practices. In this year, the HRH 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 at 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 and Organizational Capacity of Local Associations (EMA and EAA)

Professional associations play a key role in education and regulation of health workers. The HRH Project has supported the Ethiopian Midwifery Association (EMA) and Ethiopian Association of Anesthetists (EAA) to implement action plans resulting from Management and Organizational Sustainability (MOST) and HRM Rapid assessments which were conducted in Year One. In Year 2, follow up and technical support were provided to the associations to ensure implementation of planned activities. In addition, governance training was conducted to strengthen their board and management structures and performance.

In this year, ongoing support will be provided to the associations to ensure implementation of action plans developed as a result of the MOST and HRM Rapid Capacity Assessments.

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

All the available evidence in the literature suggests that the ways health care providers are managed, motivated and supported is not only central to the quality of health services that they provide but it also enhances job satisfaction, retention and productivity. In the second year of program implementation, the HRH project conducted a national retention study, and it is expected that the study findings will inform a range of recommendations and options for effective health workforce motivation and retention strategies at national, regional and local levels. In Year 3, the retention strategies will be incorporated into the national HRH Strategic Plan and regional HRH operational plans. Additionally, it is expected that the study findings will be utilized to develop a concept paper that will form the basis for the design and

implementation of a Work Climate Improvement (WCI) program to be piloted in selected facilities in five regions.

Sub IR 1.2.1 Finalize and disseminate a retention strategy

- ***Activity 1.2.1.1 & 1.2.1.2 Provide technical and financial support to FMOH and RHBs to develop national and region-specific motivation and retention strategies as per the recommendations from the retention study***

The activity will involve a series of process consultations and focus group discussions with key stakeholders in each region and at the FMOH to determine priority retention strategies based on evidence drawn from study findings, employee satisfaction surveys as well as the analysis of data from routine exit interviews that continue to be conducted at different levels in the regions.

- ***Activity 1.2.1.3 Provide technical and financial support to Professional Associations to enhance recognition and conduct a public relations campaign to raise the profile of the rural health workforce***

In an effort to continue to recognize and motivate health workers, particularly those working in rural and remote facilities, the HRH project will support 5 professional associations to conduct a variety of activities to recognizing best performing health workers, and raise the profile of these workers in the community. The demand for this support will be initiated by the professional associations and the project will work with the associations to determine the nature and scope of the activities and ensure that they meet criteria for assistance and support.

- ***Activity 1.2.1.4 Conduct desk review to identify viable options for performance-based incentives in low-resource settings.***

This activity will inform and enrich the process of determining priority retention strategies (see 1.2.1.1 and 1.2.1.2 above).

Sub IR 1.2.2 Develop and implement Work Climate Improvement Programs

A conducive work environment is essential for the effective delivery of health services. Poor work climate is a source of low morale, poor job satisfaction, unsatisfactory health-worker performance and productivity. In Year 2, the project supported all RHBs, FMOH and even some facilities to conduct employee job satisfaction surveys and exit interviews. The data generated by these surveys have been analysed and will be used to design and implement small-scale pilot interventions to strengthen health worker and facility environment (work climate) factors and contribute to performance improvement in ten health facilities (2 in five regions). In the subsequent years, the RHBs will rollout work climate improvement interventions to zonal and woreda health offices.

- ***Activity 1.2.2.1. Develop a concept paper and a model/blue print for Work Climate Improvement (WCI) Programs based on employee satisfaction surveys, staff exit interviews and retention study findings.***

The concept paper will outline the technical design of the WCI program including rationale, objectives, methodology, illustrative interventions and measurable results.

- **Activity 1.2.2.2. Meet with selected RHBs to identify health facilities that will implement the WCI Program.**
Criteria for facility selection will be developed and used to identify the WCI pilot sites.
- **Activity 1.2.2.3. Conduct a consultative workshop to discuss and obtain buy-in on the need to conduct a work climate improvement pilot intervention.**
The workshop will be attended by senior managers from each of the pilot sites, and they will provide inputs for the development of an implementation plan.
- **Activity 1.2.2.4. Provide ongoing support to FMOH and RHBs to analyze, document and act upon the staff exit interview findings.**
These routine surveys generate important data and evidence that can be used to address staff job satisfaction and reasons for exiting the workforce.
- **Activity 1.2.2.5. Provide technical assistance to Amhara RHB HR Support Process for the implementation of the 5s-Kaizen-total quality management (TQM) process.**
In response to a need identified in the region, the Amhara RHB staff will be supported in Year Three to initiate the implementation of the 5s-kaizen-total quality management approach.
- **Activity 1.2.2.6. Provide technical and financial support for a 2-day Kaizen training for facility managers & HR coordinators at zonal health departments and hospitals**
As mentioned above, all HR officers in the Amhara region received 5s-kaizen-total quality management improvement training in year two, and the implementation will start in year three. Additional training will be provided for 60 participants who will be drawn from different health centers in the region. The training will also be provided for facility managers and HR coordinators in Oromia, SNNP, Tigray, Harari and Addis Ababa regions.
- **Activity 1.2.2.7 & 1.2.2.8 Support the FMOH to conduct a consultative meeting to develop tools to be used to conduct Focus Group Discussions related to further strengthening the implementation of Work Climate Improvement activities.**
Focus group discussion guides will be developed to facilitate discussions among participants which will help to further explore challenges that hinder the workforce productivity at the FMOH. A consultative meeting will also be held at the FMOH to identify existing challenges in the work climate.

IR 1.3 Improved Human Resource for Health Policies and Practices

The HRH Project will build upon its ongoing support to strengthen long term strategic planning for HRH in Ethiopia's national health system. It is also important that the HR plan is viewed as part and parcel of the comprehensive health sector-wide program of work rather than a stand-alone initiative – that way it is likely that it will enjoy wider ownership, buy-in and support from all stakeholders including development partners. In Year 2, the project supported the DHRDA to conduct a rapid situational analysis to update the draft strategy, and conducted a consultative workshop to discuss the revised draft. In year three the final national HR strategic plan will be shared with RHBs and relevant stakeholders. Moreover,

regional HRH operational plans will be developed in all 11 RHBs based on the framework of national HR strategic planning.

Sub IR 1.3.1 Work Closely with the DHRDA at the FMoH and other key implementing partners to finalize and disseminate the national HRH strategic plan

- *Activity 1.3.1.1* Provide technical and financial support to the FMoH to organize a final stakeholder consultation and dissemination workshop on National HRH strategic plan
- *Activity 1.3.1.2.* Provide financial support to print and disseminate National HRH strategic plan

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 will also work closely with RHBs to adapt regional HRH operational plans based on the national HRH 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, Beninshangul gumuz)
- *Activity 1.3.2.2.* Conduct HRH partners mapping to document partners for the regional HRH Operational Plans (Tigray, Oromia, Amhara and Beninshangul gumuz)
- *Activity 1.3.2.3* Establish regional TWG to develop regional HRH Operational plan (Tigray, Oromia, Amhara and Beninshangul gumuz)
- *Activity 1.3.2.4.* Develop a draft Regional HRH Operational Plans for Tigray, Oromia, Amhara, and Benishangul Gumuz regions (*Based on National HRH SP*)
- *Activity 1.3.2.5.* Conduct regional stakeholders consultative meeting to seek and incorporate inputs into the Regional HRH Operational Plan (Tigray, Oromia Amhara and Benishangul Gumuz)
- *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 1000 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, HR guidelines and standard operational procedures formulated by the Federal Ministry of Civil Service and regional bureaus of civil service. The health sector is expected to implement these policy documents and guidelines for day-to-day human resource management functions. However, these policy documents are not easily available and accessible to HR managers and officers. In Year 2, the HRH Project collaborated with HRH Process Owners in all the RHBs to identify and assemble all the federal and regional civil service proclamations, policy and procedure manuals. The project also assisted all RHBs to develop an Employee Handbook and Orientation Manual. These important documents that contain essential HR policies and procedures need to be made available to human resource departments to address challenges in applying the civil service

rules and regulations as well as routine human resource management practices. In Year 3, the HRH project will conduct the following activities to support this effort:

- **Activity 1.3.3.1.** Print or photocopy and disseminate HR policy package (Federal and Regional HR Proclamations, Guidelines and standard operational procedures) documents to all staff at RHB, zonal and woreda levels.
- **Activity 1.3.3.2.** Provide orientation to HR staff to improve utilization of Regional HR policy documents.
- **Activity 1.3.3.3.** Provide ongoing technical support to develop and distribute biannual fliers (leaflet and newsletter) on HR topics to improve HRM knowledge and awareness amongst staff.
- **Activity 1.3.3.4.** Provide financial resources for printing and dissemination of orientation manuals (employee handbooks) at regional levels
- **Activity 1.3.3.6.** Provide financial support to print and distribute a handover protocol manual in Harari region.

Sub IR 1.3.4 Provide technical and financial support to the Food, Medicine and Healthcare Administration and Control Authority (FMHACA) to regulate scope of practice

The assurance of quality of healthcare and patient safety partly depend on regulation of health practice. Setting and enforcing scope of practice is one important component of regulatory systems. Scope of practice is defined in order to protect the public from health risks associated with health service provision; to guide health professionals to practice based on their qualifications and within their allowable scope; and to promote integrity and accountability of health professionals. In years one & two, the HRH project supported the FMHACA to develop the “Scope of Practice for Health Professionals” Directive through a series of consultative workshops with professional associations. In year 3, FMHACA will be supported to roll out the Directive.

- **Activity 1.3.4.1. Support printing of Scope of Practice Directive**
In this year, the HRH Project will support printing of 3000 copies of the Directive, to be distributed to regional health bureaus and health facilities.
- **Activity 1.3.4.2 & 1.3.4.3 Support airing of messages to create awareness on scope of practice (SOP) of health professionals through Ethiopian Broadcasting Corporation (EBC)**
In addition to printing and disseminating copies of the Scope of Practice, the project will also support the airing of messages to inform the public and other stakeholders of the Directive.

The project will also organize workshops for zonal and health facility managers to inform them of the SOP.

- ***Activity 1.3.4.4 & 1.3.4.5 Conduct coaching and mentorship to FMHACA to support implementation of the SOP Directive and the ethical review system***

The HRH project will support regional branches of FMHACA and health bureaus to conduct ongoing follow-up and support for the implementation of the SOP Directive and the ethical review system.

Sub IR 1.3.5 Strengthen competence and ethics review system of health professionals at FMHACA and its regional counterparts

In recognition of its responsibility to protect the public, promote quality healthcare and better assure the public that only health professionals who remain fit in terms of their knowledge, skills, attitude and ethics retain their privilege to practice, FMHACA has identified the need to strengthen systems for reviewing and assuring continued fitness to practice of health professionals. The HRH Project will provide technical and financial inputs to develop an ethics review system and an ethical code of conduct.

- ***Activity 1.3.5.1 Participate in the joint committee for development of health professional's competence and ethical practice review system***

The FMHACA is currently leading the joint committee of ethical review, which is composed of different stakeholders and partners, and is tasked with developing a health professional's competence and ethical practice review system. The HRH project staff will actively participate and contribute to this committee.

- ***Activity 1.3.5.2 & 1.3.5.4 Organize consultative workshop to review ethical code of conduct for health workers and systems for competence and ethics review***

In the second year of HRH project implementation, FMHACA was supported to develop a draft ethical code of conduct. In this year, the HRH project will support FMHACA to organize a workshop to review and finalize the code of conduct, as well as an ethical review system.

The project will also support printing 3000 copies of the final documents, and dissemination at federal, regional, and institutional levels.

- ***Activity 1.3.5.3 Support FMHACA to establish/strengthen regional and facility competence and ethics review committees***

Health worker ethical and competence issues from across the country are currently handled at the Federal level at FMHACA. Regional ethical issues are referred to the federal level, as regions don't have committees to handle the issues at the regional level. In year three, the HRH project will provide technical assistance to FMHACA regional counterparts, and support them to establish their own regional technical working groups that will handle ethical and competence review matters.

- ***Activity 1.3.5.5. Conduct mentoring and coaching visits to support implementation of competence and ethics review system***

In collaboration with regional health bureaus, ongoing mentoring and coaching visits will be conducted to follow up and support the implementation of the competence and ethics review system.

Sub IR 1.3.6 Strengthen health professional's registration and licensure system

Registration and licensing of health professionals is a basic regulatory strategy designed to ensure only qualified individuals receive the license of practice. FMHACA and its regional counterparts have been doing registration and licensing of health professionals and have identified the need to strengthen and automate its documentation system.

- ***Activity 1.3.6.1 & 1.3.6.2 Support FMHACA to establish an online registration system (database), and procure sliding shelves for FMHACA regional offices***

Currently, registration and re licensure processes are documented both through paper (hard copies), and electronically (soft copies), at the federal and regional regulatory bodies. To strengthen this system, and ensure that health registration information is accessible to all stakeholders, the development of a well-designed online database is important. The HRH Project has already procured computers for FMHACA and its regional counterparts for this purpose, and in year 3, the Project will support the FMHACA to develop a database.

To store the already existing paper files, the Project procured some sliding shelves in year two with plans for additional procurement of sliding shelves to be donated to regional FMHACA counterparts in year three. The shelves will be used to store registration and licensing files in a standardized way.

IR1. 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 Service Commission; bilateral and multilateral donors; public and private education and training institutions; professional associations; and international non-government organizations. This calls for a coordination mechanism for effective partnership among the stakeholders. The HRH Project supported the Ministry of Health to establish a multi-sectoral national HRH forum that meets semi-annually. Regional HRH Forums have also been established in all regions except Somali, each having agreed to meet quarterly. The forums encourage strategic partnership, collaboration, local ownership, transparency, accountability and sustainable solutions for HRH problems.

In Year 3, the HRH project will continue to support the activities below to facilitate regular forums for stakeholders to discuss key HRH challenges, activities, and issues.

- ***Activity 1.4.1.*** Provide technical and financial Support to the Somali RHB to establish a multi- sectoral HRH forum in Somali Region.
- ***Activity 1.4.2.*** Provide technical and financial support to strengthen existing HRH forums through regular meetings (quarterly in the RHBs and biannually at national level); Meeting participants include a wide range of stakeholders; discussions will focus on high level HRH related issues such as planned activities, progress monitoring including following up action plans, and coordination and collaboration.

IR1.5 Improved Management of Staff Training for HRM Professionals at FMOH, RHBs, Woredas and Zones

The Ministry of Health would like to standardize and better plan and coordinate in-service training provided to healthcare workers. To this effect, the HRH Project trained and mentored HRM focal persons last year and will continue its support this year.

Sub R 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 has developed a HRM in-service training package and conducted trainings at national and regional levels. In this year, the HRH Project will continue this support by conducting the following activities:

- ***Activity 1.5.1.1. Translate HRM training participant manuals into different regional working languages***
The HRH project will provide financial and technical support to translate HRM training participant manuals into four regional working languages: Oromiffa, Tigrigna, Somali and Afar. This will facilitate the understanding and uptake of the HRM training by participants from non-Amharic speaking regions.
- ***Activity 1.5.1.2. Roll out HRM training at National and regional levels***
A 5-day HRM in-service training will be conducted for HRM staff at national, regional, zonal and woreda levels. A total of 1440 HR staff from the FMOH, RHBs, Zonal and Woreda health offices will be trained.
- ***Activity 1.5.1.3. Finalize, print and disseminate guidelines and checklists for post-training HRM follow up, mentorship and on-job support.***
Guidelines and checklists for post-training HRM follow up and technical support will be finalized in this year, and 2000 copies printed and disseminated to FMOH, RHBs, Zones and Woredas.
- ***Activity 1.5.1.4. Identify and select HRM mentors at national and regional levels***
The effective application of the skills and knowledge acquired during the HRM trainings requires follow up and mentorship. 60 HR professionals will be identified to conduct follow up and mentoring for HRM training participants.
- ***Activity 1.5.1.5. Conduct monthly post training follow up at national and regional levels***
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.
- ***Activity 1.5.1.6. Conduct quarterly mentorship, on job support on HRM training and evaluation***
The project will also identify different approaches to provide on-the-job support strengthening supportive supervision systems, building capacity of HR managers and supervisors in providing constructive feedback and conducting regular performance review meetings, among others.

- ***Activity 1.5.1.7. Provide technical support to DHRDA (FMOH) and RHBs to identify potential private sector institutions in HRM mentoring***

The HRH project will actively seek to develop specific ways to partner with other USAID funded projects working with the private sector, and identify potential private institutions to support and strengthen HRM mentoring. In this year, the FMOH and 11 RHBs will identify potential institutions to partner with for HRM mentoring.

Sub IR 1.5.2 Improved Management of Staff Training

This activity is linked to IR3.2 below. The HRH project Human Resource Management officers will support RHBs and other stakeholders to improve planning and coordination of in-service training. Last year the HRH Project organized training and a benchmarking visit to a well-established in-service training facility.

- ***Activity 1.5.2.1 Provide technical support to RHBs to develop need based annual In-Service Training (IST) plans***
The regional HRH management officers will provide technical support to 11 RHBs to develop need based in-service training plans, which guide the provision of trainings to improve staff performance.
- ***Activity 1.5.2.2. Provide technical support to IST centers at regional levels during integrated supportive supervision***
Regional HRH management officers in collaboration with IST officers at national and regional levels will conduct supportive supervision in 35 in-service training institutions/centers.
- ***Activity 1.5.2.3. Advocate during HRH and health sector stakeholder forums to institutionalize and standardize IST***
Regional HRH management officers will use the HRH and health sector stakeholder forums to sensitize participants and advocate for the institutionalization of the national IST guidelines at regional levels.

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

There is no healthcare without a health worker. Ethiopia needs more health workers to ensure universal health access and meet its priority health sector development goals in maternal, newborn and child health and HIV/AIDS, tuberculosis and malaria.

Though Ethiopia has severe shortages of health workers in general, the Ministry of Health has prioritized scaling up training of certain health care cadres critical to meet global and national health sector goals. These are midwives, anesthetists, health extension workers, specialized nurses, emergency medical technicians, biomedical technicians, supply chain management professionals and public health specialists in human resources for health management and health economics. The main cause for the shortage of these cadres is a supply problem. The HRH Project will expand and continue its support to increase supply and availability of these cadres by strengthening the capacity of education institutions to increase production while maintaining or increasing quality.

IR 2.1 Increased Availability of Anesthetists

Cesarean section is one of the critical life-saving obstetric interventions with direct impact on maternal and newborn outcomes. The number of cesarean deliveries performed in Ethiopia is very low suggesting a huge unmet need. The Government has successfully scaled up training of emergency surgical officers to increase availability of emergency surgical services including cesarean section; however, training of anesthetists continues to lag behind. Recognizing that anesthetists are essential members of the surgical team, the HRH Project will continue to support the efforts of the Government to scale up anesthesia training.

Sub IR 2.1.1 Support the FMOH to Establish an Advanced Standing Anesthesia Program in 10 Universities

In years one and two, the HRH Project supported anesthesia training programs in universities and level V training in regional health science colleges. However, the output from these programs falls short. Hence, the HRH Project will support the FMOH to explore additional strategies for increasing the output of qualified anesthetists. This year, we would support the establishment of a post-basic (advanced standing) anesthesia program to be launched in 10 universities which are currently providing a generic training program. The following specific activities are proposed:

- ***Activity 2.1.1.1. Support the FMOH to conduct a one-day consultation workshop to discuss an Advanced Standing Program for anesthesia***

It is expected that during this meeting, key stakeholders and decision makers will reach a consensus on the need for opening an advanced standing program to facilitate an increase in the production of qualified anesthesia professionals. The plan is to initiate the training in 10 universities.

- ***Activity 2.1.1.2 Support the FMOH to conduct a 3-day workshop to review curriculum for an advanced standing program***
 There is an existing curriculum for an advanced standing program developed by the FMOE/FMOH. The HRH Project will support the review of this curriculum, and advocate for its endorsement by potential universities that can provide the training.
- ***Activity 2.1.1.3 Support procurement of need-based teaching and learning materials***
 To ensure that students are adequately exposed to required knowledge and skills, educational materials such as models, manikins, reference resources and IT materials will be procured and donated to institutions based on the number of students enrolled.
- ***Activity 2.1.1.4 Support temporary hiring of anesthesia instructors and place them at training institutions with the Advanced Standing Anesthesia Programs***
 A critical bottleneck to expansion of anesthesia training is shortage of qualified faculty. Hence, the HRH Project will support recruitment of 10 instructors who will be temporarily placed at the institutions providing the advanced standing program. The instructors will have a post-graduate degree, and will be recruited locally – faculty already working in universities will not be eligible. The recruitment process will be conducted in consultation with the FMOH and universities.

Sub IR 2.1.2 To facilitate increased availability of anesthesia professionals, support the establishment and capacity building of an Anesthesia Students Association.

The HRH project will support the establishment of a national Anesthesia Students Association. The Association will be established to create a forum for anesthesia students, through which various activities such as student attraction and retention will be facilitated. The following activities will be conducted:

- ***Activity 2.1.2.1. Identify champions in each anesthesia school***
 Forty eight (48) student champions (two per school) will be identified from 12 Regional Health Science Colleges (RHSCs) and 12 Universities in the first quarter of the year in order to facilitate the establishment of the national anesthesia student association. Nomination of champions from each anesthesia school will be conducted by the Ethiopian Anesthetist Association (EAA) in collaboration with the schools.
- ***Activity 2.1.2.2. Conduct a one day meeting to discuss the needs, requirements and processes for the establishment of an association***
 A one day launching meeting will be conducted with the aim of creating awareness on the importance of a student association, to nominate student leadership for the association, develop a plan of action, discuss the Association’s /by laws, and mobilization of resources.

- ***Activity 2.1.2.3 Support development of strategic and short term plans for the association***

Strategic and short term plans will be developed through conducting a consultative meeting with the student association in collaboration with the EAA.

- ***Activity 2.1.2.4 Provide financial support to organize an annual meeting.***

The newly established student association will be provided with support to conduct an annual review meeting at the end of the academic year to review progress, identify challenges and develop an action plan for coming year.

Sub IR 2.1.3 Strengthen Internal Quality Assurance Systems for Anesthesia Education

- ***Activity 2.1.3.1 Using the nationally endorsed standards, provide mentorship and coaching to Anesthesia Teaching Institutions, supporting them to use the standards to improve quality of education***

The HRH Project has supported development of national educational standards for improving anesthesia education. In this year, the project will provide ongoing mentorship and coaching to the institutions, supporting them to assess their performance using the standards, use the findings to identify gaps, and develop solutions to address the gaps identified.

- ***Activity 2.1.3.2 Facilitate networking and experience sharing between Anesthesia Teaching Institutions by conducting a review meeting where institutions can report on their progress and share lessons learned***

The HRH Project will organize a review meeting that will facilitate experience sharing between institutions, providing them with a forum to share their lessons learned, challenges, and best practices.

- ***Activity 2.1.3.3 Conduct a 1 day workshop to disseminate the results of the Task Analysis Study for Anesthesia conducted in Year 2, and use findings to inform discussions on needs and gaps in competence***

A task analysis study for anesthesia was conducted in year two. In this year, findings from the study will be disseminated to relevant stakeholders, and discussions will focus on how the findings can inform further strengthening of education, practice and regulation for this cadre.

- ***Activity 2.1.3.4 Support the FMOH to review the anesthesia training curriculum (B.Sc. and level V) based on the results of task analysis study***

Following the workshop in 2.1.3.3 above, the HRH project will provide support to Universities, RHSCs, the FMOH and the Technical and Vocational Education Training (TVET) to review and revise curricula of level V and B.Sc. anesthesia programs based on the task analysis findings.

- ***Activity 2.1.3.5 Support the FMOH to conduct a 5-day clinical update training for anesthesia faculty and skills lab assistants***
 Clinical update training will be provided to fifty (50) anesthesia faculty and skills lab assistants, to provide them with the latest evidence-based clinical updates, as well as strengthen their skills in providing competency based training.
- ***Activity 2.1.3.6 & 2.1.3.7 Support the development of competency based teaching and assessment tools for anesthesia***
 The HRH Project will organize a consultative workshop to develop competency based training and assessment tools (logbooks and standard assessment tools) for level V and B.Sc. anesthesia programs. During the workshop, content and methodology experts will develop the tools to ensure that they support competency based training at Universities and RHSCs. The developed tools will be subsequently printed and disseminated.
- ***Activity 2.1.3.8 Through the Fixed Obligation Grant (FOG) Mechanism in IR 3, conduct a 5-day Effective Teaching Skills (ETS) training for Anesthesia faculty***
 Training on Effective Teaching Skills (ETS) will be provided for 66 anesthesia instructors to improve their teaching skills, and adequately prepare them to be able to provide competency based anesthesia training for students.
- ***Activity 2.1.3.9 & 2.1.3.10 Through the FOG Mechanism in IR 3, conduct a 5-day simulation based education and testing training for anesthesia faculty and skill lab assistants***
 Training on simulation-based healthcare education will be provided for faculty and skill lab assistants working in Universities and RHSCs to improve their ability to plan and manage learning in simulation lab management. The training will also support them to effectively use the equipment and supplies procured by the HRH Project in years one and two.

Sub IR 2.1.4 Strengthen Infrastructure at Anesthesia Universities & Colleges (Teaching and Learning Materials)

- ***Activity 2.1.4.1 Identify gaps in availability of essential teaching material (skills lab material, reference books, etc.) through conducting assessments using continuous performance and quality improvement tools***
 The HRH Project will conduct an assessment at 24 public institutions that are providing anesthesia training to identify critical gaps in availability of teaching and learning material.

- **Activity 2.1.4.2** *Support the FMOH to distribute procured materials, and reorganize or set up skills labs and libraries. (this includes materials procured in Year 2, as well as Year 3)*

The FMOH will lead the process of determining the distribution of teaching/learning materials procured in Year two. This will help avoidance of duplication of support by other partners and donors like the United Nations Population Fund (UNFPA). The HRH project will support this effort by providing evidence of gaps and needs in existing institutions, to assist with prioritization.

Activity 2.1.4.3 Support the FMOH to print anesthesia modules for level V education.

Sub IR 2.1.5 Support anesthesia training institutions to expand and strengthen clinical education in public and private health facilities

The HRH Project will encourage anesthesia schools to expand clinical practice sites to increase opportunities for learning. Technical support will be provided to prepare preceptors and strengthen clinical teaching/learning.

- **Activity 2.1.5.1** *Conduct a 5 day clinical update training for anesthesia preceptors*
In order to improve competency based training in anesthesia schools, 100 preceptors will be provided with need-based clinical update trainings. The trainings will focus on ensuring that preceptors are adequately prepared to provide students with the necessary support and training during clinical practice.
- **Activity 2.1.5.2** *Through the FOG Mechanism in in Result 3, conduct a 3 day training on clinical teaching skills for preceptors*
To strengthen clinical teaching skills of preceptors, a training skills course will be provided for 50 preceptors supporting anesthesia practicum training.
- **Activity 2.1.5.3** *Through the FOG Mechanism in Result 3, support schools to adapt a preceptorship packet/manual to strengthen clinical education.*
The HRH Project will support the FMOH and stakeholders to develop a manual that will clearly outline evidence-based strategies by which clinical education can be strengthened. The manual will serve as a guide for preceptors and faculty to plan, coordinate and assess clinical education.

Sub IR 2.1.6 Disseminate lessons learned and facilitate experience sharing

- **Activity 2.1.6.1** *Financially and technically support the 3-day Ethiopian Association of Anesthetists (EAA) annual conference and refresher training*
The HRH project will support the EAA conference, which is held annually with an attendance rate of approximately 500 EAA members. The conference will be an opportunity to highlight efforts in scaling up anesthesia education and Continuing Professional Development (CPD) for anesthesia professionals being implemented by the

Project, as well as provide a forum for members to network, share experiences, present research papers, and hold discussion on the strategic direction of the association.

- ***Activity 2.1.6.3 & 2.1.6.4 Conduct meeting with regional representatives to advocate for the establishment of EAA regional chapter offices in four big regions (Tigray, Amhara, Oromiya & SNNP)***

Currently, EAA has regional representatives in nine regions of Ethiopia, but no chapter offices exist. In Year three, the EAA will establish regional offices in the four big regions. The HRH Project will negotiate with the regional health bureaus in these regions to request for office space within the bureau. It is expected that having a presence in the regions will facilitate implementation of activities within the region, as well as raise the profile of the cadre among decision makers. Once established, the Project will support procurement of necessary furniture and supplies.

- ***Activity 2.1.6.5 Conduct a tracer study to determine the current number of practicing anesthesia professionals.***

The EAA will collaborate with the FMOH to conduct a tracer study. The purpose of the study will be to determine the existing number of anesthesia professionals in the country by level of education, and facility type (primary, general and referral hospital, private and public, etc.) Given the absence of a functional HRIS, this activity will generate valuable information on the anesthesia workforce for planning education and deployment.

- ***Activity 2.1.6.6 Using data collected during supervision and mentoring of Level V Anesthetists (conducted in Year 2), conduct in-depth analysis and develop report***

In Year two, the HRH Project conducted intensive supervision and mentoring of deployed anesthetists, and in the process, collected relevant programmatic data. In this year, the HRH Project will analyze and summarize the data collected, and present findings and recommendations to institutions, the FMOH, and other stakeholders, to strengthen support provided to practicing anesthetist professionals

Sub IR 2.1.7 Support undergraduate level anesthesia programs

- ***Activity 2.1.7.1 Conduct targeted recruitment, orientation and support of volunteer Anesthesia faculty to provide temporary support for institutions with critical shortages (these will be locally recruited)***

Many institutions face a critical need for qualified and experienced faculty. To alleviate this challenge, the HRH project will support recruitment of 10 local anesthesia faculty who will provide temporary support for institutions with critical shortages.

Sub IR 2.1.8 Support postgraduate level anesthesia programs

Ethiopia faces critical shortages of qualified anesthesia professionals and educators. Given the high maternal mortality rates in the country, the need for anesthetists is particularly important for women that may require caesarian section and other lifesaving surgeries. There

is expansion of anesthesia education programs but availability of qualified faculty remains a bottleneck. In response to this gap, the HRH Project supports postgraduate level training to expand the pool of highly skilled professionals and educators

- ***Activity 2.1.8.1 Provide financial and technical support for recruitment of international volunteer anesthesia faculty, to support post-graduate teaching in institutions with critical shortages (each placed for 1 semester)***

The HRH Project will liaise with international organizations to identify and recruit 2 experienced anesthesia faculty who are able to travel to Ethiopia and support selected institutions for one semester. The selected volunteers will co-teach with Ethiopian faculty, and build their capacity to provide post-graduate training.

- ***Activity 2.1.8.2 Provide financial support for procurement of Anesthesia postgraduate training aids***

Based on identified gaps, the HRH project will support procurement of high fidelity skill lab mannequins (e.g. Peripheral nerve needle needles, epidural kit and ultrasound for nerve block) which will be used to support student learning.

Sub IR 2.1.9 Prepare senior students to coach and supervise junior ones and advocate for team based student support system

Schools providing anesthesia training programs have critical shortages of instructors and the few instructors available are overburdened with their teaching and other responsibilities. As one strategy to reduce the burden on teaching staff, the HRH Project will provide support to formalize involvement of senior students in providing learning support to junior students. This activity will be linked with support to establish student association (2.1.2). Specific activities to be conducted are outlined below:

- ***Activity 2.1.9.1*** Advocate for formalizing a mechanism for the involvement of senior students in supporting the learning of junior students (emphasis on clinical skills)
- ***Activity 2.1.9.2*** Advocate for interdisciplinary approach in coaching of students by students, whenever possible
- ***Activity 2.1.9.3*** Assist in development of selection criteria for student coaches
- ***Activity 2.1.9.4*** Provide technical support to colleges and universities to provide coaching skills training to the selected students

Sub IR 2.1.10 Strengthen capacity of EAA to provide technical leadership in Anesthesia, and advocate for standardization of Anesthesia Education, Practice and Regulation

The EAA is a fairly new association, thus requiring support to strengthen its systems, and prepare it to become a visible and effective advocate for anesthesia professionals, particularly as it relates to education, practice, and regulation for this cadre. The HRH Project will implement the following activities with the aim of enabling the association to build its capacity:

- ***Activity 2.1.10.1*** Provide financial support for the procurement of a vehicle to be used by the Association

- ***Activity 2.1.10.2 Support the establishment of the EAA Continuing Professional Development (CPD) Training Hall (furniture, printer, photo camera, laptop, generator and desktop)***
 The EAA intends to begin providing in-service training and CPD for anesthesia professionals. To facilitate these trainings, the HRH Project will support establishment of a CPD training site at the EAA Association Office, including procuring office furniture, LCD, photocopy machine, etc.
- ***Activity 2.1.10.3 To strengthen organizational management, facilitate the recruitment of an Executive Director for the association.***
- ***Activity 2.1.10.4 Provide a 5-day Instructional Design Skills Course for selected EAA Association Members***
 To facilitate the Association's plans to provide In Service Training (IST) and CPD training, the HRH Project will provide instructional design training for selected EAA subject matter experts; the training is expected to prepare them to develop high quality training materials that will be used to provide IST and CPD trainings.
- ***Activity 2.1.10.5 Develop training packages addressing key topics in anesthesia.***
 Once prepared through an instructional design skills course, training packages will be developed aiming at standardization of anesthesia related training programs for anesthetists working in health facilities. The number of trainees and methodology of the training implementation will be integrated and standardized in the training packages.

IR 2.2 Increased Availability of Midwives

Increasing skilled attendance at birth is recognized as the main strategy to reduce maternal mortality, and midwives are the main cadre for provision of labor and delivery services. Midwives are also important providers of family planning, antenatal care (including prevention of mother to child transmission of HIV) and child health care services. One of the main reasons for the scarcity of midwives in Ethiopia is low enrollment and low output of midwifery training programs, thus creating a supply gap. The HRH Project will continue its capacity strengthening support to midwifery training institutions to increase quantity and quality of midwives. The HRH Project coordinates its technical and material support with UNFPA and NEPI (Nursing Education Partnership Initiative) who also provide some support to midwifery training by aligning plans and sharing information on material distribution.

Sub IR 2.2.1 Support the FMOH to begin a Midwifery Upgrading Program in 9 Selected Universities

Competence gaps and attrition from the workforce have been identified as important challenges to the midwifery workforce. In response, the FMOH has already begun upgrading diploma level midwives to increase their performance and retention in the health system. Thus, the HRH Project will support 9 universities currently running upgrading training. The following activities will be conducted:

- ***Activity 2.2.1.1 Support distribution of items procured in year 2, as well as limited procurement of additional need-based skill lab equipment and supplies***
Selected universities will be provided with priority need-based skills lab equipment and supplies to facilitate teaching.
- ***Activity 2.2.1.2 Support the FMOH to conduct a workshop for stakeholders to endorse the harmonized midwifery upgrading curriculum***

Sub IR 2.2.2 Support the FMOH to select and prepare 6 additional universities to begin providing the Midwifery Upgrading Program in the next Ethiopian academic year

Building upon the activities in Sub IR 2.2.1 above, the HRH project will provide support to increase the number of universities that have the capacity to provide midwifery upgrading programs.

- ***Activity 2.2.2.1 Support the FMOH to conduct Capacity Assessments in 6 Universities***
In this program year, 6 additional universities will be identified, and the HRH Project will support the FMOH to conduct capacity assessments at these selected universities using standard assessment tools. It is expected that the assessments will inform the preparatory activities to be conducted at each of these institutions to ensure that they are ready to begin providing this training in the coming academic year.

Sub IR 2.2.3 Support the FMOH to continue training midwives through the Accelerated Midwifery Program

- ***Activity 2.2.3.1 Support the FMOH to conduct a Consensus Building workshop to discuss the need for continuation of the Accelerated Midwifery Program***
Starting in 2011, the government of Ethiopia rolled out an accelerated midwifery training program designed to address the high unmet need for midwives. The training program was designed to consist of 3 rounds of enrollment only, with the final batch of enrolled students expected to graduate shortly. Despite the success of this program, there continues to be a need for well trained and qualified midwives. In this program year, the HRH Project will support the FMOH to organize a meeting for key stakeholders and decision makers, where the need for continuation of this program will be discussed, and a consensus on next steps reached.
- ***Activity 2.2.3.2 Support the selection of 400 students to participate in the Accelerated Midwifery Program (support for recruiter fees)***
Assuming that there is agreement to move forward with the continuation of the accelerated program, and in response to a request from the FMOH, the HRH Project will provide fees for recruiters to select 400 students to be placed in 10 regional health science colleges. The recruiters will consist of representatives from the FMOH, RHBs, RHSCs and TVET.
- ***Activity 2.2.3.3 & 2.2.3.4 Support the FMOH to conduct need-based technical updates for Midwifery Preceptors and Tutors***
Need-based and evidence-based training (such as family planning, PMTCT option B+) will be provided to preceptors at health facilities who are directly involved in teaching midwifery students assigned for clinical attachment. Similarly, evidence-based technical update trainings will also be provided for tutors.
- ***Activity 2.2.3.5 Support the FMOH to conduct a 10-day TOT Essential Teaching Skills (ETS) Training for Midwifery Tutors***
- ***Activity 2.2.3.6 Support the FMOH to assess barriers in midwifery practice at health facilities through engaging EMA Regional Chapter Offices in 11 regions***
To improve effectiveness and quality of service provided by graduates of accelerated midwifery program, identification and documentation of existing barriers that affect service provision is important. The HRH Project will work closely with EMA Regional Chapter offices to identify bottlenecks to delivery of MNCH, family planning/reproductive health and PMTCT services. It is expected that findings will inform the Ministry of Health to improve midwifery service delivery and education.
- ***Activity 2.2.3.7 Mentor graduates of accelerated midwifery program at facility level***
An assessment of graduating midwifery students last year revealed major gaps in essential midwifery competencies warranting post-deployment mentoring and training. The HRH Project will facilitate structured mentoring visits, including assisting them to

perform selected tasks that they have identified as challenging, and helping them build their confidence in service provision.

- **Activity 2.2.3.8 Support the Oromia RHB to train 300 midwives in the region (upgrading), by providing tuition fee support**

In support of a high priority request from the RHB, the HRH Project will provide financial support for the upgrading of 300 midwives who will serve the region.

Sub IR 2.2.4 Strengthen Internal Quality Assurance Systems for Midwifery Education

- **Activity 2.2.4.1 Using the nationally endorsed standards, provide mentorship and coaching to Midwifery Teaching Institutions, supporting them to use the standards to improve quality of education**

The HRH Project has supported development of national educational standards for improving quality of midwifery education. In this year, the Project will provide ongoing mentorship and coaching to the institutions, supporting them to assess their performance using the standards, use the findings to identify gaps, and develop solutions to address the gaps identified.

Activity 2.2.4.2 Facilitate networking and experience sharing between Midwifery Teaching Institutions by review meetings where institutions can report on their progress related to quality improvement, and share lessons learned.

Poor networking is one of challenges facing midwifery teaching institutions, which has resulted in very limited opportunities for faculty and preceptors to share knowledge and lessons learned. The HRH Project will organize workshops to facilitate networking among institutions that are being supported, including providing them with an opportunity to discuss their successes and challenges in quality improvement.

During this meeting, participants will agree on a criteria and a system for recognition of best performers (system should focus on sustainability, and can be adapted by professional associations and other stakeholders)

- **Activity 2.2.4.3 Provide performance based incentives to reinforce quality improvement**

To recognize institutions that are successfully implementing strategies to improve the quality of midwifery training, the HRH Project will support the activities below:

- **Activity 2.2.4.3.1** Procure LCD/laptops to be provided to best performing Regional Health Science Colleges (RHSCs) (As per agreed upon criteria developed during the RHSC forum in the activity above)
- **Activity 2.2.4.3.2** Procure LCD/laptop to be provided to best performing Universities (compare all national universities as per agreed upon criteria). Award to be presented during EMA's Annual Meeting
- **Activity 2.2.4.3.3** Support provision of Awards (Medals, Certificates and Trophy's) to best midwifery preceptors and faculty. (could be presented at annual EMA meeting)

Sub IR 2.2.5 Support Development of Modules for Level IV Midwifery Training

Having standard training materials will improve quality of teaching and learning. In this program year, the HRH Project will support the FMOH to develop modules for Level IV midwifery training. The following activities will be conducted:

- **Activity 2.2.5.1** Identify relevant modules for level IV training based on occupational standards and country specific priorities
- **Activity 2.2.5.2** Hire consultants to develop the modules
- **Activity 2.2.5.3** Conduct instructional design skills training for midwives who will subsequently participate in Module Writing.
- **Activity 2.2.5.4** Support the FMOH to conduct a consultative meeting to review and validate the developed modules
- **Activity 2.2.5.5** Support the FMOH to print and disseminate the Midwifery Level IV Module

Sub IR 2.2.6 Support Development of Modules for B.Sc. Midwifery Training

In this program year, the HRH project will also support the FMOH to develop modules for bachelor's degree midwifery programs. The following activities will be conducted:

- **Activity 2.2.6.1** Identify relevant modules for B.Sc. level training based on the curriculum and country specific priorities
- **Activity 2.2.6.2** Hire consultants to develop the modules
- **Activity 2.2.6.3** Conduct instructional design skills training for midwives who will subsequently participate in Module Writing.
- **Activity 2.2.6.4** Support the FMOH to conduct a consultative meeting to review and validate the developed modules
- **Activity 2.2.6.5** Support the FMOH to print and disseminate the Midwifery B.Sc. modules

Sub IR 2.2.7 Support Midwifery Education Institutions to Expand Clinical Practice Sites to Strengthen Clinical Education

A challenge faced in midwifery training is the inadequacy of clinical learning experiences. The limited number of available clinical practical sites coupled with ineffective management of clinical practicum greatly affects the teaching/learning process, and minimizes opportunities for students to gain the required competencies. The HRH Project will facilitate meetings for representatives from Midwifery teaching institutions, and clinical practice sites (including private facilities). During these meetings, discussions will focus on approaches to strengthen networking and provide additional opportunities for students to gain clinical skills in a supportive environment.

The following activities will be conducted:

- **Activity 2.2.7.1** Support the FMOH to conduct regional meetings for representatives from Midwifery Teaching Institutions and Clinical Practice sites, including private facilities, to review and strengthen coordination and communication.

- **Activity 2.2.7.2** Through the FOG Mechanism in Result 3, support schools to adapt a preceptorship packet/manual to strengthen planning and management of clinical education.

Sub IR 2.2.8 Support mentoring and coaching of preceptors

Sustained mentorship and coaching can help to identify and address gaps in performance, and improve and maintain quality of midwifery care and precepting by relatively new midwives. The HRH project will conduct the following sub-activities related to coaching and mentorship:

- **Activity 2.2.8.1** Develop checklists to strengthen coaching and mentorship of new midwifery graduates
- **Activity 2.2.8.2** Conduct training for Mentors, including how to use the tools developed in the activity above
- **Activity 2.2.8.3** Conduct a Master Mentor Training for senior midwives (working at health facilities and who have 4 years of experience)
- **Activity 2.2.8.4** Support the FMOH to conduct mentoring and coaching visits at clinical practicum sites

Sub IR 2.2.9 Rapidly expand the pool of available teachers in midwifery schools

Midwifery teaching institutions suffer from a significant shortage of qualified and experienced instructors. To address this challenge, the HRH Project will conduct the following activities:

- **Activity 2.2.9.1** Update information on actual gaps in number of midwifery teaching staff and preceptors, in relation to the rapid expansion of midwifery student intake
- **Activity 2.2.9.2** Support the temporary recruitment of 10 local midwifery tutors and preceptors (Volunteers) to support target institutions with critical shortages
- **Activity 2.2.9.3** Liaise with International Organizations (such as Voluntary Service Overseas (VSO), American College of Nurse Midwives (ACNM)) to recruit 1 volunteer to support post-graduate training (for 1 semester). It is expected that the volunteer will co-teach with Ethiopian faculty, and build their capacity to provide competency based teaching.

Sub IR 2.2.10 Support postgraduate level midwifery programs

Expansion in number of university midwifery programs and students necessitates preparation of faculty trained at the postgraduate level. The HRH Project will continue to provide support to post-graduate level midwifery programs, including procurement of priority teaching and learning materials, and providing appropriate technical updates for faculty. Specific activities include:

- **Activity 2.2.10.1** Procure teaching and learning material and reference books serving for postgraduate midwifery level education (e.g. Doppler Ultrasound, Cesarean Section simulator)
- **Activity 2.2.10.2** Provide technical update training on priority health issues for midwifery faculty involved in post-graduate training

Sub IR 2.2.11 Promote and support 3 Universities to open new postgraduate midwifery programs

Currently, there are only two teaching institutions in the country that are providing postgraduate midwifery education programs. This has resulted in a shortage of qualified midwifery professionals who can serve as faculty at the rapidly expanding teaching institutions. The HRH Project will support the FMOH to advocate for and support the establishment of additional 3 new post-graduate training programs. Activities will include:

- **Activity 2.2.11.1** Conduct meetings with 3 selected Universities to advocate for launching of post-graduate midwifery programs
- **Activity 2.2.11.2** Procure teaching and learning material based on identified needs for the new 3 universities
- **Activity 2.2.11.3** Support the FMOH to conduct a workshop to develop educational standards for post-graduate midwifery programs
- **Activity 2.2.11.4** Support the FMOH to organize a three-day workshop for curriculum review and strengthening for postgraduate midwifery education

Sub IR 2.2.12 Strengthen the capacity of the Ethiopian Midwifery Association (EMA) to raise the standard of midwifery education, practice and regulation

The EMA will be supported to further expand its role as a key stakeholder for all activities related to midwifery, and in particular, education, practice, and regulation. Specific capacity building activities are outlined below:

- **Activity 2.2.12.1 Support the EMA to develop its five year (2015 - 2019) strategic plan, in alignment with government and stakeholder priorities**

The HRH Project will support the EMA technically and financially in developing a five-year strategic plan for the association. Inputs from the MOST assessments conducted in Result One will be used to support this process.

Strengthen evidence based midwifery practice and education

The HRH Project is working to strengthen the capacity of the EMA to better facilitate the spread of best practices, with the aim of improving the midwifery services and achieving the MDG goals in Ethiopia. To achieve tangible changes in midwifery practice and education, the HRH Project will support documentation of best practices that should be implemented in the country context, in line with country policies and guidelines. It is expected that this document will guide pre-service training institutions, as well as policy makers and donors planning midwifery-related activities. The following sub-activities will be conducted:

- **Activity 2.2.12.2** Develop a comprehensive evidence-based midwifery practice module
- **Activity 2.2.12.3** Conduct a consultative meeting to validate and finalize the midwifery module
- **Activity 2.2.12.4** Support dissemination and publication of module developed
- **Activity 2.2.12.5** Upload the finalized module on the EMA website

Support the EMA to initiate establishment of a midwifery journal

Linked to strengthening evidence-based practice and education, and to foster the conduct and dissemination of relevant research related to midwifery as well as further increase the visibility of midwifery as a profession, as well as, the HRH project will support the EMA to initiate the process of establishing a midwifery journal. The following sub-activities will be conducted:

- ***Activity 2.2.12.6*** Establish a Terms of Reference (TOR) for the establishment of a Midwifery Journal, including outlining required steps and best practices for the process.
- ***Activity 2.2.12.7*** Identify experts and establish an editorial committee
- ***Activity 2.2.12.8*** Register the Ethiopian Midwifery Journal

Build the Capacity of the Continuing Professional Development (CPD) Unit at the EMA

In support of the FMOH priority to establish a CPD and re-licensure system, the HRH Project will support the EMA to establish a CPD unit within the Association tasked with developing CPD training material, and providing relevant training. Strengthening EMA's capacity to provide CPD-related activities will not only strengthen the quality of midwifery service provision, but will also provide the Association with a means for income generation and self-reliance. The following sub-activities will be carried out:

- ***Activity 2.2.12.9*** Recruit and place a CPD coordinator whose role will be to provide oversight for CPD activities conducted by the Midwifery Association
- ***Activity 2.2.12.10*** Identify priority needs for web-based CPD courses by reviewing results of midwifery task analysis
- ***Activity 2.2.12.11*** Hire consultants to develop web-based CPD courses , identified in the activity above
- ***Activity 2.2.12.12*** Conduct consultative meeting to review and validate the web-based CPD courses
- ***Activity 2.2.12.13*** Procurement of essential equipment and material to support the teaching/learning activities at the CPD Center (e.g. Generator, Fixed LCD, etc.)
- ***Activity 2.2.12.14*** Conduct continuing education sessions on priority health issues for midwives during the EMA national level general assembly

To facilitate experience sharing among practicing midwives, as well as support provision of technical updates, the HRH Project will continue to support the national EMA general assembly.

- ***Activity 2.2.12.15 Organize meetings for EMA Regional chapters to facilitate advocacy and recruitment of new members***

Increasing EMA membership through regional chapter offices will strengthen the Association and increase the number of midwives that can benefit from the networking and other activities provided by the Association. In Year two, the HRH Project supported the establishment and capacity building of chapter offices in Harari, Dire Dawa and Addis Ababa. Chapter offices need ongoing assistance and technical support to enable them to fulfill their regional functions. In this year, the HRH Project will facilitate

meetings for each of the regional offices to facilitate advocacy and recruitment of new members.

- **Activity 2.2.12.16 & 2.2.12.17 Upgrade the functionality of the EMA website to include additional features such as online registration, news announcements, professional forum organization, email services, etc.**

Though EMA currently has a website, it is not yet fully functional, and it remains largely inaccessible to midwives in the country, and other national and international stakeholders. The HRH Project will support the upgrading of the website's functionality, so that it can be effectively used as a medium to communicate midwifery related messages, updates, events, etc.

The EMA will also routinely update and organize the content on the website.

- **Activity.2.12.18 Support the development of a web-based database to routinely track data on the number of practicing midwives in the country (including data collection, encoding, analysis)**

EMA has a database that tracks its membership. However, the database has not been updated since 2011. The HRH Project will support the EMA to update the database, and produce a report documenting the current number of practicing midwives in the country. Data will be collected from health institutions and midwifery schools across the country.

- **Activity 2.2.12.19 Support publication and printing of a report summarizing information on the number of practicing midwives in the country**

- **Activity 2.2.12.20 Facilitate twinning between the EMA and Similar Associations in the Region or Internationally**

The HRH Project will support the EMA to establish twinning relationships and facilitate experience sharing with similar sister associations in the region or internationally.

- **Activity 2.2.12.21 Celebrate International Day of Midwives through organizing a 1-day celebratory workshop with 150 participants**

Celebrating the midwifery profession during the International Day of Midwives is a good way to inform the community of the important role of midwives, and positively impact the morale of midwifery professionals. The HRH Project will support a 1-day national celebration for 150 midwives. During this event, awards may also be presented to the best-performing midwifery schools, tutors and preceptors.

- **Activity 2.2.12.22 Support the EMA to procure a car to support implementation of activities**

Sub IR 2.2.13 Disseminate lessons learned and facilitate experience sharing

The following activities will be conducted to facilitate dissemination of program learning and best practices:

- **Activity 2.2.13.1 Present lessons learned and findings from program implementation at the annual EMA General Assembly**

- **Activity 2.2.13.2** Develop and disseminate brochures on midwifery best-practices, the EMA annual newsletter

IR 2.3 Increased Availability of Health Extension Workers (HEWs)

The health extension program is the flagship program to ensure primary health service delivery and quality of care through the effective implementation of essential packages including family health (MNCH, FP/RH) and disease prevention and control (HIV/AIDS, tuberculosis and malaria). The FMOH has successfully trained and deployed over 34,000 rural health extension workers (HEWs), and the Health Sector Development Plan IV (HSDP IV) has explicitly shifted its focus to improving the quality and maintaining coverage of the rural health extension program. Accordingly, the FMOH is improving their skills by upgrading level III HEWs to level IV through additional training in regional health science colleges. In light of ongoing attrition, the FMOH also continues to provide level III training as replacement scheme. Hence, the HRH Project supports both the upgrading and replacement training to increase supply and availability of competent health extension workers. The HRH Project closely collaborates with AMREF by aligning plans and coordinating implementation of programs to strengthen HEW training.

Sub IR 2.3.1 Support the HEW Upgrading Training program, as well as training of Level III HEWs to fill existing gaps in staffing at health posts

Maintaining the coverage of the rural Health Extension Program (HEP) is important to sustain access to primary health care for the rural Ethiopian population. The Rapid Situational Assessment conducted at the startup of the HRH Project has also corroborated the presence of significant attrition of HEWs. Hence, the HRH Project will support the FMOH to maintain coverage by supporting replacement training and training of HEWs to fill existing gaps at health posts. Specifically, it will implement the following key activities:

- **Activity 2.3.1.1** *Distribute educational materials procured during year II plan to regional health science colleges running the HEW Upgrading Program to strengthen the learning environment.*

In years one and two, the HRH Project provided technical and material support to strengthen capacity of regional health science colleges training HEWs including faculty development, donations of educational materials and equipment, and establishment of continuous quality improvement system. In this program year, the HRH Project will continue to provide support for the conduct of the following activities.

- **Activity 2.3.1.2** *Provide technical and financial support to the FMOH to organize an advocacy workshop for regions with the greatest unmet need for HEWs (Aim is to increase the pool of candidates for HEW training and also promote the positive impacts of the HEW activities)*

Based on a rapid assessment conducted at the startup of HRH project, regions with the greatest unmet need for HEWs include Gambella, Somali, Benishangul Gumuz, Dire Dawa, Afar and Harari. The HRH Project will support the FMOH to conduct an advocacy meeting, during which the positive impacts of the HEW support to the community will be

highlighted, and discussions focused on strategies to increase the pool of candidates for HEW training and deployment will be held.

- ***Activity 2.3.1.3 & 2.3.1.4 Support the FMOH to conduct a workshop to finalize the Level III HEW Module Writing***
During year two, the HRH Project supported the development of HEW Level III modules to standardize the training, and improve the quality. In this year, the Project will continue to support this process by organizing a technical working group which will be tasked with finalization of the draft modules developed. Once finalized, the HRH Project will provide support for printing of the modules.
- ***Activity 2.3.1.5 Support the FMOH to conduct a 10-day curriculum orientation, and teaching and assessment methodology training for newly recruited HEW instructors (for both Level III and Upgrading training)***
The HRH Project will organize a workshop for RHSCs providing HEW training, focused on teaching and assessment methodologies for newly hired instructors. The objective of the training is to orient them to the TVET system curriculum and equip them with teaching and assessment methodologies that will help them to improve their teaching skills.
- ***Activity 2.3.1.6 & 2.3.1.7 Conduct a 6-day technical update for HEW instructors, focused on HIV, Tuberculosis and Malaria Prevention and Control (for Upgrading training)***
Prevention and control of HIV, TB and malaria is one of the four health extension packages implemented at the community. To improve the teaching of HEWs on malaria, TB and HIV, the HRH Project will provide technical update training for HEWs instructors on prevention and control of these epidemiologically important diseases. The training will update the instructors on new evidence based developments in the subject matter and familiarize them with national and international best practices.
- ***Activity 2.3.1.8 Conduct a 6-day technical update for HEW instructors, focused on ICCM (Integrated Community Case Management)- for upgrading training***
The FMOH is implementing an ICCM program at the health post level to contribute to the effort of reduction of child morbidity and mortality. The HEWs need to have adequate knowledge and skills to correctly classify, diagnose, treat and make proper referral of malaria, pneumonia, malnutrition and diarrheal diseases. Since iCCM implementation is a relatively new approach to manage common childhood illnesses at the community, based on needs, the HRH project will provide a technical update to HEWs instructors on ICCM to improve their knowledge and skill on the program.
- ***Activity 2.3.1.9 Support the FMOH to conduct a curriculum development/review workshop to upgrade level IV HEWs to Family Nurses***
To further improve skills, motivation and retention of HEWs, the FMOH has planned to upgrade level IV HEWs to family nurses. The HRH Project will provide technical and financial support to the FMOH for the development and review of the planned curriculum.

- Activity 2.3.1.10 Support the FMOH to conduct a 5-day Clinical Simulation training for HEW instructors (both Level III and upgrading training)***
 During year II implementation, the HRH Project procured and distributed skill lab equipment to RHSCs providing HEW training. The HRH Project will provide clinical simulation training to HEWs instructors to improve their knowledge and skills in the use of clinical simulation to strengthen teaching/learning. The training will also enable the appropriate management of skills laboratories.
- Activity 2.3.1.11 Organize a 10 day competency-based learning and assessment tool development workshop for HEW instructors (both Level III and upgrading training)***
 The HRH project will provide technical and financial support to the FMOH to organize a competency based learning and assessment tools development workshop for the HEWs training program. The objective of the workshop is to develop and avail standardized learning and assessment tools to be used by all RHSCs for teaching and assessment of HEW students.
- Activity 2.3.1.12 Support the FMOH to train HEW preceptors on Occupational Standard and Student Performance Assessment (both Level III and upgrading training)***
 Practical training is a key component of the HEW teaching and learning process, and 70% of the total HEW training focuses on practical training. Given this focus, it is important to strengthen the skills of preceptors that provide clinical training and coaching of the students. The HRH Project will therefore support the FMOH to provide training on student assessment and familiarization with HEW occupational standards to preceptors coaching HEW students during practical training at health facilities.

Sub IR 2.3.2 Strengthen Internal Quality Assurance Systems for HEW Education

- Activity 2.3.2.1 Organize Module III Standards Based Management and Recognition (SBM-R) Workshop for HEW Programs (Dean, HEW department head and 4 SBM-R team members of each college, TVET and RHBs will participate).***
 The HRH Project is committed to promote a culture of continuous quality improvement in all education institutions. In years one and two, the HRH Project supported HEW training schools to introduce and implement SBM-R for systematically and continuously improving quality of education. This year, the HRH Project will organize a Module III Workshop to consolidate and institutionalize the process. The FMOH has planned to conduct consultative meetings with regions (RHB and TVET) on training of HEWs to collect feedback on the standard of the training and regional demand for deployment. The RHBs will also share their experience on deployment of graduated HEWs and the quality of service they provide at health posts. The experience sharing forum will help the FMOH and regions to improve the training and deployment of HEWs based on the lessons learned. This activity will be linked with the conduct of SBMR Module III training.
- Activity 2.3.2.2 Provide technical and financial support to RHBs and TVET Agencies to conduct a 2-day benchmarking visit at best-performing HEW training institutions***

The HRH project will provide technical and financial support to RHBs and TVET agencies to identify best performing training institutions, and organize experience sharing visits. During the benchmarking visit, the host RHSC will share its experience on teaching and learning process including quality improvement processes and clinical teaching. The participating institutions will identify take-home assignments based on the lessons learned during benchmarking and develop action plans to implement at their home training institutions to further improve the quality of HEWs teaching-learning process.

- ***Activity 2.3.2.3 Conduct coaching and mentoring visits to HEW training institutions***
The HRH Project will conduct routine coaching and mentorship visits to the HEWs training institutions to follow up on HRH Project implementation and support transfer of learning.
- ***Activity 2.3.2.4*** In response to a request from the Meles Zenawi Memorial TVET College, which is a new (and the only) TVET college established in Dire Dawa, the HRH project will support establishment of HEW, anesthesia, and midwifery training programs, including limited financial support for procurement of essential teaching material and equipment.

IR 2.4 Pre-Service Education of Other Essential Health Workers Promoted

Sub IR 2.4.1 Support Training of Emergency Medical Technicians (EMTs)

The Ministry of Health has identified developing a new cadre of emergency medical technicians as a priority in order to improve pre-hospital emergency care in managing all emergencies including maternal emergencies. Accordingly, the HRH Project has been providing technical, financial and material support and will continue to do so in year three.

- ***Activity 2.4.1.1. Distribute educational material procured during year II plan to RHSCs providing EMT training***
Since this is a new training program, EMT training colleges do not have basic infrastructure for quality teaching and learning. The HRH Project will support the EMT training by providing educational materials procured during year two.
- ***Activity 2.4.1.2. Provide technical and financial support to FMoH to organize a 10- day teaching methodology and skill training for EMT instructors***
To strengthen the teaching and learning process at EMT schools, the HRH Project will organize an effective teaching skills course for EMT instructors. The training is expected to enhance the knowledge and skill of EMT instructors on teaching and assessment skills to improve the quality of EMT training.
- ***Activity 2.4.1.3. Provide technical and financial support to FMoH to conduct a five-day training on occupational standards and student performance assessment for EMT preceptors***

Since practical training is an essential part of the EMT training program, it is important to build and strengthen the capacity of EMT preceptors. The HRH Project will support the FMOH to conduct training on student assessment and occupational standards familiarization for preceptors coaching EMT students during practical trainings.

- ***Activity 2.4.1.4. Provide financial support to FMOH to train EMT graduates on ambulance driving skills***
Emergency medical technicians are expected to operate ambulances. Hence, the HRH Project will provide financial support to the FMOH to train EMT technicians on ambulance driving skills to enable them to provide transportation services to mothers and patients receiving emergency care.
- ***Activity 2.4.1.5. Through the Fixed Obligation Grants (FOGS) Mechanism, support HSEDCs to conduct SBM-R Module II and III workshops for EMT departments.***
To improve the quality of EMT trainings, SBM-R has been introduced to EMT training institutions as a quality improvement system. In this year, the HRH Project will continue this support by conducting module II and III workshops to consolidate and institutionalize internal quality improvement system through the FOG mechanism.
- ***Activity 2.4.1.6. Provide financial support to FMOH to conduct annual review meeting on EMT training and deployment.***
The HRH Project will provide technical and financial support to the FMOH to conduct an annual review meeting for EMT training institutions to review the EMT training. At the meeting, accomplishments and challenges will be discussed among the institutions, with the aim of addressing any issues related to the training and deployment of EMT professionals.
- ***Activity 2.4.1.7. Support FMOH to conduct 10 days technical update for EMT teaching staff on shock management, infection prevention and emergency drug use***
To strengthen the quality of EMT training, the HRH Project will provide technical updates to EMT instructors on shock management, infection prevention and emergency drug use. The training is expected to update the knowledge and skills of EMT instructors in these areas and improve quality of teaching/learning.

Sub IR 2.4.2 Support Biomedical Technician Training

Healthcare providers cannot provide life-saving and high impact MNCH, HIV/AIDS, tuberculosis and malaria interventions without functional infrastructure. Equipment maintenance has long been a huge problem for service delivery mainly due to lack of trained personnel. In response to this need, the FMOH identified training of biomedical technicians as a priority and the HRH Project began to support biomedical technician training in year two. In this year, the HRH Project will continue to provide support as follows:

- ***Activity 2.4.2.1. Provide a ten day technical update on installation, calibration, operation, maintenance and troubleshooting of selected medical equipment for instructors and preceptors of biomedical technicians training***

The HRH biomedical engineers will provide technical update training for instructors from PSE institutions providing biomedical technicians training. The training is expected to provide updates on the knowledge and skill required to effectively teach installation, calibration, operation, maintenance and troubleshooting techniques for selected medical equipment.

- ***Activity 2.4.2.2. Provide financial support to the FMOH to temporarily hire local biomedical instructors to be deployed at biomedical teaching institutions with critical shortages***

To address the critical shortage of instructors for biomedical technicians training, the HRH Project will temporarily hire two instructors to be placed at selected biomedical technicians training institutions.

- ***Activity 2.4.2.3. Provide financial and technical support to the FMOH to organize a 14 day module writing workshop for biomedical technicians***

During year II implementation, the HRH Project supported the FMOH to establish biomedical technician training at TVET institutions. To provide standardized training, the HRH Project will support the FMOH to develop standard biomedical technician training modules to be used by TVET schools. A group of experts will participate in a module writing workshop to develop these modules.

- ***Activity 2.4.2.4. Provide technical and financial support to FMOH to conduct coaching and mentorship visits to biomedical technician training institutions***

The HRH Project will provide routine coaching and mentorship visits to biomedical technical training programs, to follow-up on activities, and support improvement of training quality.

Sub IR 2.4.3 Support the FMOH to establish Nursing Specialty Programs - Neonatal Nursing, Operation Room (OR) Nursing, Intensive Care Unit (ICU) Nursing, Pediatric Nursing, and Emergency Nursing

Support the FMOH to establish a Neonatal Nursing Program in 9 Universities

Ethiopia has achieved Millennium Development Goal (MDG 4) before the 2015 deadline but levels of neonatal mortality remain very high. A focus on ensuring that newborns are provided with quality services is an essential component of MNCH services, and is in line with government priorities. The HRH Project will support the FMOH to establish a neonatal nursing program, to enhance the production of qualified nurses who can provide these essential services. The following activities will be conducted:

- ***Activity 2.4.3.1*** Conduct an assessment at 9 universities across the country to identify existing capacity/gaps related to the establishment of a neonatal nursing program
- ***Activity 2.4.3.2*** Support the FMOH to conduct a curriculum development workshop for level V Neonatal Nurses
- ***Activity 2.4.3.3*** Support need-based procurement of essential teaching/learning materials for the Neonatal Nursing Program

- **Activity 2.4.3.4** Identify institutions having the capacity to start the Neonatal Nursing program in the upcoming year (*linked with supportive supervision*)
- **Activity 2.4.3.5** Support the FMOH to conduct a 2-day stakeholders consultation on the draft neonatal nursing curriculum.
- **Activity 2.4.3.6** Support a TOT training in Neonatal Resuscitation and post resuscitation care of newborns at Gondar University

Support Training of Operation Room (OR/Scrub Nurses) and Intensive Care Unit (ICU) Nurses

Reduction of maternal and newborn mortality requires availability of emergency surgical services for pregnant women who need them. Operation room (OR) nurses are critical members of the surgical team. Ethiopia also needs nurse specialists to provide care for critically ill mothers and newborns with severe complications. In recognition of these needs, the FMOH has planned to establish OR/Scrub nurse and ICU nurse training programs in this year. Hence, the HRH Project will support the FMOH to conduct assessments to identify institutions that have the capacity and interest to establish these training programs. The HRH Project will also support the development of curricula for these cadres. The FMOH has resources to support infrastructure strengthening.

- **Activity 2.4.3.7** Provide financial support to FMOH to identify training institutions for Operation Room (OR) Scrub and Intensive Care Unit (ICU) nurses training
- **Activity 2.4.3.8** Provide technical and financial support to the FMOH to develop curricula for OR/Scrub and ICU Nurses training

Support development of curricula for Pediatric and Emergency Nurses

The HRH Project will provide technical and financial support to the FMOH to develop curricula for pediatric and emergency nurses. The following activities will be conducted:

- **Activity 2.4.3.9** Support the FMOH to conduct a curriculum development workshop for pediatric nurses
- **Activity 2.4.3.10** Support the FMOH to conduct a curriculum review and validation workshop for pediatric nurses
- **Activity 2.4.3.11** Support the FMOH to conduct a curriculum development workshop for emergency care nurses
- **Activity 2.4.3.12** Support the FMOH to conduct a curriculum review and validation workshop for emergency care nurses

Sub IR 2.4.4 Strengthen supply chain management (SCM) Training

One of the major challenges in providing adequate health services (including MNCH, FP/RH, HIV, TB and malaria) is poor management of logistics required to ensure continuous availability of supplies including drugs and medical equipment. However, the content and quality of pre-service education in Ethiopia does not enable health workers to develop supply chain management competencies at the level of graduation. Though pharmacy professionals take a drug supply chain management course in their pre-service education, it fails to equip students with essential supply chain management competencies as it is not practical and contextualized to the health system requirements. Thus, developing and strengthening human resource capacity in supply chain management is an important part of the human resources

for health agenda. Past efforts in Ethiopia have largely focused on in-service training of health workers to fill competency gaps.

The Pharmaceuticals Fund and Supply Agency (PFSA) in collaboration with implementing partners has trained thousands of health workers on integrated pharmaceutical logistics system and other supply chain management issues. However, there continues to be widespread systemic weaknesses in supply chain management compounded by trained staff turnover in health facilities and at the different level of the public health sector. Recognizing that the current practice of in-service training by itself does not adequately prepare health workers for the different supply chain functions as well as being expensive and difficult to sustain, the HRH Project in collaboration with the FMOH organized a consultation meeting with stakeholders and established a technical working group (including USAID/DELIVER, SCMS, SIAPS) in year two of project implementation.

The TWG proposed an action plan to strengthen human resource capacity for supply chain management. In this year, the HRH Project will continue to coordinate with the technical working group and support the implementation of the following activities:

- ***Activity 2.4.4.1. Support the FMOH to organize a 7-day workshop to integrate SCM competencies into undergraduate pharmacy curriculum***
Pharmacy professionals continue to be the key supply chain management workforce in Ethiopia. Hence, the HRH Project will work to strengthen this cadre by providing technical and financial support to conduct a seven day workshop to integrate SCM competencies into existing undergraduate pharmacy curriculum.
- ***Activity 2.4.4.2. Conduct a 10 day teaching skills training for pharmacy instructors who are currently teaching supply chain management (both undergraduate and post graduate)***
The FMOH in collaboration with HRH Project has planned to strengthen supply chain management content of pharmacy curricula. To improve the delivery of the curricula, the HRH Project will conduct effective teaching skills training for pharmacy instructors. The objective of the training is to enable the instructors to teach and assess students' performance as per the standard, and to build their capacity to link the teaching and learning process to quality improvement activities.
- ***Activity 2.4.4.3. Provide financial and technical support to the FMOH to organize an 18-day Module writing workshop to develop SCM module***
The HRH Project will provide technical and financial support to FMOH to develop standardized training module for SCM training. The module will be used for teaching SCM competencies at undergraduate and postgraduate level. In addition, the module will be used to provide in-service training for pharmacy professionals who are practicing to improve their knowledge and skill in the management of supply chain.
- ***Activity 2.4.4.4. Provide financial and technical support to the FMOH to organize a 10 day technical update training on SCM for pharmacy instructors***

The HRH Project will provide technical and financial support to the FMOH and Pharmaceutical Fund and Supply Agency (PFSA) to conduct a ten day technical update training for pharmacy instructors on SCM linked with Integrated Pharmaceutical Logistic System (IPLS). The objective of the training is to update pharmacy instructors on SCM competencies and IPLS so that they would improve quality and relevance of supply chain management teaching.

- **Activity 2.4.4.5** Procure and provide educational materials (books and teaching aids) to pharmacy schools to strengthen supply chain management education

IR 2.5 Support establishment of post graduate programs in Human Resources Management (HRM) and Health Economics (HE)

Weak human resource management capacity and limited ability to identify, allocate and efficiently use scarce resources to meet increasing health needs of its population are important challenges to the Ethiopian health system.

Professionalizing human resource health managers is a prerequisite to strengthen human resources planning and management capacity effectively and sustainably. Likewise, developing a cadre of health economists is necessary to strengthen capacity for health planning and monitoring, evidence-based decision-making and efficient resource allocation and utilization. However, there were no postgraduate education programs in Ethiopia until 2014 that addressed this need.

In years one and two, the HRH Project supported development of curricula and modules, faculty development, and preparation of 3 public universities (Gondar, Jimma and Addis Ababa universities) and 1 private higher education institution (Addis Continental Institute of Public Health) to open the programs in 2014. To date, two institutions have started classes and the remaining are finalizing preparations. In year three, the focus will be monitoring and assuring quality of education. We will also continue to follow recruitment and enrollment of students to meet FMOH needs.

Sub IR 2.5.1 Quality assurance of delivery of the post-graduate HE/HRM programs

- ***Activity 2.5.1.1. Provide technical support for delivery of the courses by bringing Subject Matter Experts from the Open University (OU) to co-teach along with Ethiopian faculty***

The education programs are designed to be delivered in a blended format (mix of group-based face to face learning and distance self-directed learning). Open University, known for its expertise in distance and blended learning, is a member of the HRH Project implementation. Two OU academics, one for each program, will co-teach alongside Ethiopian colleagues. This will build the capacity of academics to support the work based learning of health managers when they are on campus. The team teaching will be timed to complement the teaching of semesters 2 and 3. Ethiopian academics will learn on-the-job good practices for delivering blended learning.

- ***Activity 2.5.1.2. Develop standards to support the delivery and monitoring of blended learning***
 There is limited in-country experience with blended learning many people raising concerns about quality of learning in the distance component. The HRH Project will develop educational standards for blended learning to guide delivery and quality improvement
- ***Activity 2.5.1.3. Develop a student handbook to provide orientation to prospective and current students***
 Student handbooks facilitate understanding of educational programs including duties and responsibilities of students. The HRH Project will support the development of a handbook to be produced for each university through collaboration between the OU and the program coordinators from each university. Handbooks for programs will be finalized with institutional input to customize and ensure alignment with university procedures and regulations.
- ***Activity 2.5.1.4. Develop tools for monitoring and evaluating the delivery and outcomes of the modules***
 The HRH Project will develop tools to guide program coordinators in quality assurance of the program. The program coordinators will administer these tools to evaluate the quality of teaching, the student learning experience, and the supervision given by the line manager in the workplace. A process will be put in place for reporting the outputs from the tool to the HRH project.
- ***Activity 2.5.1.5. Liaise with and develop local champions on blended learning***
 The HRH Project will select 2 academics from each institution as local champions for the programs and blended learning. They will support the program coordinators on site, develop the capacity of all delivery academics in content and blended learning, and disseminate good practice. This will facilitate sustainability.
- ***Activity 2.5.1.6. Orientate faculty on the standards and tools***
 This activity is linked to 2.5.1.2 and 2.5.1.4. Workshops will be conducted to brief faculty at each university on the standards expected, and the processes and tools that will be used to monitor and improve the delivery of the programs.
- ***Activity 2.5.1.7. Organize program review workshop***
 The HRH Project will organize a workshop to review delivery and monitoring of the programs. Program coordinators and delivery faculty will share their experiences and suggest improvements.

Sub IR 2.5.2 Faculty Development

- ***Activity 2.5.2.1. Organize an effective teaching skills training for faculty***

The HRH Project will organize Effective Teaching Skills training for faculty, to further build their capacity on areas such as effective teaching skills, assessment writing, feedback, and applying theory to practice.

- ***Activity 2.5.2.2. Organize a technical update training for faculty (one on HRM and one on HE)***

The HRH Project will provide technical updates for the academics on key subject areas. The updates will be provided by local experts from the Ethiopian Health Economics Association and Ethiopian Association of Human Resource Management Professionals, as well as other relevant stakeholders.

- ***Activity 2.5.2.3. Support continuing professional development of champions by sponsoring attendance in relevant international conferences or training***

The Project will identify local champions (3) who will be provided with the opportunity to become higher level experts in their field by attending regional or international conferences or short training courses.

Sub IR 2.5.3 Case study

The HRH Project will support development of one overarching case study on a current Ethiopian health program/policy initiative. The case study will draw on authentic documents, personal testimonies, audio visual (AV) sources, maps, diagrams, key stakeholder interviews, and journal articles. The case study will be a strategic story that complements the modules of both programs. Notes will also be written to highlight to teachers and students where the case study can be used to apply the module learning. The following activities will be conducted:

- ***Activity 2.5.3.1. Identify OU academic to develop the case study***

- ***Activity 2.5.3.2. Conduct desk research to determine a scope for the case study***

Having identified a suitable case study that reaches across both programs on a current Ethiopian health program/policy initiative, the HRH Project will conduct desk research to inform the development of the case. The review will identify authentic documents, grey literature, journal articles, AV, maps, diagrams, key stakeholder interviews, and case study themes and narrative.

- ***Activity 2.5.3.3. Conduct a field visit to obtain necessary inputs for the case study***

The OU academic and project manager will visit Ethiopia to carry out interviews, filming and source extra documents for the case study. This visit will provide the detail necessary to build a complex case study that is richly contextualized.

- ***Activity 2.5.3.6. Write up case study***

The case study will be written up, ensuring that interviews, AV and personal testimonies are integrated and support a coherent learning journey for the student. It is expected that the case will demonstrate the complexity of health policy implementation. The case study will negotiate these issues, but will not reconcile them, leaving it to the students to

develop their own perspective, and critically evaluate the implementation of the health initiative.

- ***Activity 2.5.3.7. Organize validation of the case study***
The HRH Project will support a workshop with faculty to test the robustness and authenticity of the case study and suggest areas of the modules it informs.
- ***Activity 2.5.3.8. Finalize and publish case study on DVD***
Workshop feedback from the activity above will be incorporated into the case study and the case study will then be published on a DVD and provided to faculty.
- ***Activity 2.5.3.9. 3 Conduct three 1-day workshops to review the tutor guides for core modules***
The HRH Project will facilitate 3 one-day workshops to review the activities in the tutor guides. The tutor guides provide ideas for tutors to support students when they are at the universities (lecture plans, seminar topics, group and individual work). After the first presentation of the core modules, it is appropriate to review the utility of the activities and revise and develop new activities as necessary.

Sub IR 2.5.4 Material and Financial Support

- ***Activity 2.5.4.1. Provide teaching resources***
The HRH Project will procure necessary teaching resources to support the delivery of the programs.
- ***Activity 2.5.4.2. Provide the tuition fee for students to study on the programs***
The HRH Project will pay the tuition fees of the students who successfully pass the entrance exam and interview for admission to the programs.
- ***Activity 2.5.4.3. Provide coordination fees for program coordinators***
Program coordinators at each university will receive coordination fees for their work as program coordinator. This entails overseeing the delivery of the programs, visiting the students at their workplace and meeting with their supervisors, as well as monitoring the programs.
- ***Activity 2.5.4.4. Support payments for faculty during tutoring visits to students and their supervisors***
The HRH Project will pay for the program coordinator from each university to visit the student and their supervisor in their place of work twice. The purpose of the visit will be to evaluate the student's progress, application of learning to work performance and the level of supervisor support.

Result 3: Improved Quality of Training of Health Workers

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

IR 3.1 Improved quality of pre-service education of health workers

In years one and two, the HRH Project laid the foundation for strengthening accreditation and quality assurance systems for education of health professionals by working with government offices responsible for regulation of tertiary education. At education institution level, Health Sciences Education Development Centers (HSEDCs) was established to lead internal quality improvement systems in addition to faculty development and infrastructure strengthening support. In year three, the HRH Project will continue technical and financial support to finalize regulatory reforms and strengthen quality improvement systems.

Support strengthening of regulatory structures and processes for accreditation and quality assurance of health workers education

Sub IR 3.1.1. Support to the Higher Education Relevance and Quality Agency (HERQA) to strengthen regulatory systems for accreditation and quality assurance of health workers education

Last year, the HRH Project supported the Ministry of Health in preparation and presentation of Ethiopia's HRH commitments to meet universal health access for health at the 3rd Global Forum on HRH. One of the commitments Ethiopia made was to implement educational accreditation in public and private educational institutions by 2017. Following that, we supported HERQA and the FMOH to develop a strategic document to revitalize quality assurance systems for education of health professionals including, but not limited to, expanding the remits and quality of accreditation and external quality audit. This year, the HRH project will support HERQA to implement recommendations set out in the Strategic Document:

- ***Activity 3.1.1.1 Support HERQA to conduct a 3-day training for accreditation assessors to increase the pool of qualified accreditation assessors & Activity 3.1.1.2 Support HERQA to conduct a 4-day training for quality audit assessors to increase the pool of qualified audit assessors***

As HERQA moves towards national scale up of accreditation processes for private institutions and sustained quality assurance audits for public institutions, there is a need for additional assessors, and in response to this need, the HRH project will support training of 40 accreditation assessors, and 40 audit assessors.

- ***Activity 3.1.1.3 Support HERQA to establish/strengthen a database system for tracking assessors, as well as tracking accreditation and external audit results***

HERQA currently has 250 trained assessors and has plans to train more in year three with support from the HRH Project. With planned expansion of its accreditation mandate to include public training institutions, large amounts of assessment data are expected to be generated. It has therefore become essential to track the performance of assessors and results of accreditation and external audits to improve efficiency and effectiveness of regulatory oversight. The HRH project will support HERQA to document their information in a database.

- ***Activity 3.1.1.4 Support HERQA to conduct a workshop to review the National Accreditation and Quality Learning Resource Packages***

As HERQA prepares to increase its pool of competent accreditation and audit assessors through short term training, reviewing existing training materials to make them competency based and relevant is an essential task. The training materials should also be updated in light of the new program level standards and formulated strategies developed last year with support from the HRH Project.

- ***Activity 3.1.1.5, 3.1.1.6 and 3.1.1.7 Support HERQA to amend the Higher Education Proclamation and decentralize HERQA functions***

At present, only private education institutions are subject to accreditation requirements by HERQA. HERQA's mandate with regards to public higher education institutions is limited to external quality audit and providing recommendations for improvement. In addition, HERQA is carrying out its regulatory oversight nationally out of one central office in Addis Ababa with limited staff. This has become increasingly unsustainable with expansion of both public and private higher education institutions. The "Strategic Document for Revitalizing Quality Assurance Systems for Education of Health Professionals" developed last year with support from the HRH Project clearly recommended amending the Higher Education Proclamation and opening branch offices in regions. These recommendations were subsequently accepted by HERQA's Board. This year, the HRH Project will combine a series of on-site and remote support including webinars to review regulatory best practices using Jhpiego's Health Professional Regulation Toolkit plus a workshop to support HERQA to outline suggested processes, structures, and recommended framework for accreditation. This is important to plan for decentralization of suggested processes and tools in the next year, and will include recommended changes to legislation or the creation of rules and regulations to outline consequences of accreditation findings.

- ***Activity 3.1.1.8 Support HERQA to organize a workshop to review the National Accreditation Guideline***

Currently, the accreditation guideline is focused only on private institutions and does not outline consequences or sanctions based on accreditation results nor does it provide concrete guidance and tools needed for standardizing assessors. Based on the recommended revisions to the accreditation process, the current accreditation training guidance and tools will be reviewed and revised.

- Activity 3.1.1.9 Support HERQA to organize a workshop to develop a prototype Internal Quality Assurance (IQA) Policy for higher education institutions***

Most higher education institutions do not have policy guidelines on internal quality assurance system. The HRH project will support HERQA to develop a prototype IQA policy document for educational institutions to use as a template for creating their own institutional IQA policies. The policy will provide a high level summary description of the mission, values, principles, mandates, proposed structure and processes for IQA.
- Activity 3.1.1.10 Organize a workshop to develop program level education standards for health training programs that currently do not have standards (Dentistry, Radiography and Physiotherapy)***

Accreditation and quality enhancement best practices recommend that specific programs of study are assessed against their own standards and by individuals from that cadre. In year two, the HRH Project supported HERQA to develop education standards for accrediting and improving quality of education for seven cadres, namely, medicine, health officer, nursing, midwifery, anesthesia, pharmacy and medical laboratory. In this year, understanding that healthcare provision (including MNCH, RH/FP and prevention, care and control of HIV, tuberculosis and malaria services) requires teamwork, education standards will be developed for clinical cadres (Dentistry, Radiography and Physiotherapy) who play an important role in addressing priority health services.
- Activity 3.1.1.11 Develop a user manual & checklists to guide accreditation using the Program Level Standards***

Based on International Standard Organization recommendations for quality management systems, quality assurance efforts must include specific guidance and tools for implementation. While current guidance exists, more explicit guidance and updated tools are needed to standardize the process. The HRH project will support development of user manuals and checklists to address this need.
- Activity 3.1.1.12 Support HERQA to conduct spot-check visits at 10 private HEIs offering health professionals education to pretest the manuals and checklist developed in activity above***

HERQA regularly implements surprise external audit visits to accredited private institutions to assure maintenance of quality provision. HERQA conducts such visits on the basis of complaints from students and the public. Last year the HRH Project supported HERQA to develop tools for spot checks for seven health programs in collaboration with the FMOH and Professional associations. This year, the HRH project will support a set of visits at 10 institutions to pilot the new tools and co-facilitate visits with newly trained assessors.

Activity 3.1.1.14 Support HERQA to organize a 5-day workshop to facilitate development of 10 quality audit reports

HERQA regularly conducts quality audit assessments with the help of volunteer experts. However, one challenge faced by HERQA is the timely development of high quality audit reports with recommendations for improvement which need to be shared with institutions that have been assessed. This is due to financial constraints for completion of

these tasks beyond the audit assessment. The HRH project will organize a writing workshop during which reports documenting the findings and recommendations from the quality audits will be developed using the new guidance and tools.

Sub IR 3.1.2. Support Institutionalization of Health Sciences Educational to improve the quality of health training – Fixed Obligation Grants (FOGS)

In its first year of implementation, the HRH project provided technical assistance to 42 Universities and Regional Health Science Colleges, including facilitating a consensus building working where representatives from 28 health training universities, 19 regional health science colleges, private colleges association, HERQA, FMOE and USAID discussed, agreed upon, and committed to establishing Health Science Educational Development Centers (HSEDCs), to serve as institutional mechanisms to sustainably promote and lead educational quality management and improvement processes, faculty development initiatives and in-service training of health workers, among other things.

To encourage ownership, institutionalization and sustainability, beginning in Program Year 2, the HRH project provided direct funding to these HSEDCs through Fixed Obligation Grants, in order to support various activities related to improving the quality of health education. In Year 3, the HRH project will continue to provide technical and financial support to a total of 52 universities and regional health science colleges to consolidate and institutionalize HSEDCs. The HRH Project will coordinate with and leverage resources from other implementing partners where and when we are supporting the same target institutions. We will in particular align plans and activities with ICAP (Columbia University) and MEPI (Medical Education in Partnership Initiative) regarding strengthening of HSEDCs and school infrastructure. The following activities will be conducted:

- **Activity 3.1.2.1** Conduct an orientation workshop for new established HSEDCs not previously supported in years one and two.
- **Activity 3.1.2.2** *Develop contractual FOG agreements with existing and new institutions for HSEDCs to facilitate internal quality audit, faculty development, curriculum strengthening, educational research, and other quality improvement activities*
Faculty development courses will prioritize technical updates in MNCH, FP/RH, HIV/AIDS, TB and malaria, and courses to improve teaching skills. Curricula will be reviewed to ensure students gain essential competencies to manage important health problems of the society, i.e., infectious diseases like HIV, TB and malaria, and maternal and child health and reproductive health/family planning.
- **Activity 3.1.2.3** Develop criteria to guide equitable and appropriate allocation of resources (FOG funding) for institutions
- **Activity 3.1.2.4** Provide ongoing coaching and mentorship support to HSEDCs at Universities (six visits for each institution, as well as remote support)
- **Activity 3.1.2.5** Provide coaching and mentorship through visits and remote follow up to HSEDCs for RHSCs (six visits for each institution, as well as remote support)

- ***Activity 3.1.2.6 Pilot the conduct of an Instructional Design training using an E-learning approach.***

Instructional design skills training helps faculty to review and appraise curricula for inclusion of priority health issues and to develop appropriately designed learning materials on the same. The training used to be given off-site and face to face which is costly. Jhpiego has developed an instructional design e-learning course and the HRH Project would like to pilot it with HSEDCs in this year.

- ***Activity 3.1.2.7 Through the Fixed Obligation Grants (FOGS), support selected HSEDCs to conduct educational research based on needs and readiness of the institutions.***

This will enable education institutions to systematically identify facilitators and barriers to quality education provision and improve the teaching-learning process and competence of graduates based on evidence.

Sub IR 3.1.3. Strengthen Gender Offices and Clubs at Universities and Colleges

Women in Ethiopia are much less likely to be literate than men (38% versus 67%), and only 11% of women have attained secondary education or higher, compared to 18% of men². Women also face a number of obstacles to accessing, and successfully completing higher education programs, including a lack of family commitment to higher education, lack of access to financial resources, and in-grained cultural beliefs that could lead to women underestimating their academic abilities³.

Given this context and the Project emphasis on gender-focused disparities, activities were primarily designed to target female students and enable them to succeed academically by strengthening their supporting environment within the universities and colleges. A key focus of the gender activities is strengthening of the Gender offices in universities and colleges, in liaison with the Gender Directorate at the Ministry of Education. The HRH project is also working with both male and female faculty at these institutions – male faculty act as role models for male students in ensuring parity of treatment in the classroom.

Whenever possible, the HRH project will seek to include men in these activities, such as inviting male students and instructors to attend sexual harassment awareness orientations and discussions.

The following activities will be conducted:

- ***Activity 3.1.3.1 Organize gender-responsive pedagogy training to faculty***

This year we will support the gender offices technically and financially to organize gender-responsive pedagogy training for faculty to facilitate consideration of gender in design and delivery of teaching-learning process.

² Central Statistical Agency [Ethiopia], ICF International: Ethiopia Demographic and Health Survey 2011. Addis Ababa and Calverton, MD: Central Statistical Agency and ICF International; 2012.

³ Cherinet H, Mulugeta E: Towards Gender Equality in Ethiopia. Stockholm: Sida; 2003; and Ethiopia Ministry of Women's and Social Affairs: National Action Plan For Gender Equality (NAP-GE) 2006-2010. Addis Ababa: MOWSA; 2006.

- ***Activity 3.1.3.2 Provide ongoing coaching and mentorship to gender offices to facilitate activities targeted to female students (e.g. orientation, academic counseling, tutorial services, assertiveness training, etc.)***

The HRH project will support Gender offices via ongoing coaching and mentorship to ensure effective implementation of activities.

- ***Activity 3.1.3.3 Through the Fixed Obligation Grants (FOGS), support gender offices to implement student support and retention programs including one to five networking***
HSEDC orientation and guidance materials will be revised to include instructions on supporting gender offices to implement student retention and support activities, including one to five networking.

- ***Activity 3.1.3.4 Organize updates and webinar sessions on gender related topics for gender focal persons in universities and Health science college***

The HRH project will provide an update on the latest evidence and frameworks for gender and gender equity both via existing on-line gender courses (such as the USAID ELearning course on gender), as well as connecting gender focal persons and HSEDC staff with an international gender expert via a series of webinars.

- ***Activity 3.1.3.5 In response to a request from the Oromia Regional Health Bureau (ORHB), organize a one day review meeting for gender office staff from Universities and Colleges in Oromia, and representatives from the ORHB, Oromia TVET, FMOH, FMOE) to discuss achievements and challenges related to implementation of gender activities***

The HRH project will support Oromia to bring together gender office focal persons and other key stakeholders to discuss best practices, successes, challenges and plan for future gender activities in health training institutions. If this regional level meeting turns out to be effective, the HRH Project will consider replicating it in other regions.

Activity 3.1.3.6 Support need-based procurement of essential furniture to strengthen Gender Offices (for new institutions not previously supported in Year One or Year Two)

Sub IR 3.1.4. Improve Teaching Facilities at education institutions & their affiliated Clinical Education Sites

- ***Activity 3.1.4.1 and 3.1.4.2 Provide technical Support to institutions to map and mobilize service delivery guidelines and other clinical and educational resources***

HSEDCs will be supported to map and mobilize existing clinical and educational resources (such as posters, flow charts and decision algorithms) to strengthen clinical practice sites and skill labs. This may include inventory of materials provided to schools and clinical practice sites and identifying mechanisms to obtain additional educational resources. Relevant and up to date national and WHO (World Health Organization) health service delivery guidelines, management protocols, manuals, standard operation procedures on priority health problems like MNCH, RH/FP, TB, HIV/AIDS, and malaria will be mapped and mobilized. The HRH project will support HSEDCs to distribute them to clinical education sites as many of these sites currently do not have these guidelines readily available for use as a reference and a guide.

- ***Activity 3.1.4.3 Build the capacity of the HSEDCs to mentor clinical preceptors***
 The HRH project will organize a one day orientation workshop to orient HSEDCs on the importance of strengthening mentorship of clinical preceptors, including an orientation on the use of Global System for Mobile Communications (GSM) - Using computer-generated text messages as a strategy for coaching/mentorship. The advantage of building preceptors' capacity is two-fold. In addition to strengthening clinical education of future health professionals, it will improve the quality of care to their patients through updated and improved disease management skills.
- ***Activity 3.1.4.4 Support the provision of maintenance service of medical equipment in clinical practice sites and skill lab equipment in training institutions***
 There is huge problem with maintenance of clinical equipment (like microscopes for diagnosis of malaria and tuberculosis) contributing to shortage of functioning equipment for education and patient care. The HRH Project will assign its biomedical engineers to technically assist institutions in equipment maintenance and staff training to alleviate breakdown.
- ***Activity 3.1.4.5 Facilitate annual review meetings between universities, colleges and their affiliated clinical education sites***
 Strengthening clinical practice and quality of education is a priority for the HRH project. An annual review meeting will be organized to facilitate sharing of lessons learned and progress made in improving clinical education. Discussions will also identify what further improvements are needed.
- ***Activity 3.1.4.6 Advocate for the use of existing government clustering and twinning systems to facilitate collaboration between old and new universities and health science colleges, with the aim of improving quality of training***
 The HRH project will advocate for established HSEDCs to connect with newer HSEDCs and share challenges and lessons learned, consistent with the FMOH strategy to provide support and learning among institutions.
- ***Activity 3.1.4.7 & 3.1.4.8 Develop or adapt a clinical practice guideline to improve clinical education, practice and preceptorship***
 Clinical education is the key component of health worker education, but challenges with planning and management of clinical practice make it less effective. The HRH Project will support development and dissemination of practical guidelines for strengthening clinical practice. This will include guidance on clinical practice structure and supervision, assigning and preparing clinical preceptors, sequencing of clinical education, and integration of skill assessments at the clinical level. Once finalized, the guideline will be disseminated. The HRH project will also provide financial and technical support to the Ethiopian Medical Association to develop teaching videos on clinical education.
- ***Activity 3.1.4.9 Through the FOG Mechanism, organize four 1-day workshops to strengthen academic-clinical practice site linkage (Memorandum of Understanding (MOU) for newly expanded practice sites***

The HRH project has supported the establishment of additional clinical practice sites to expand clinical practice opportunities for students. In this year, the HRH project will organize workshops where new guidance will be shared and action plans formed to strengthen clinical practice in those facilities. The HRH project will also explore the possibility of instituting a system whereby preceptors earn continuing education credit hours for time spent precepting students.

- ***Activity 3.1.4.10 Mentor and coach HSEDCs to promote a culture of program specific self-review using education standards***
Linked to activity 3.1.2.2, the HRH Project will mentor and support HSEDCs to promote a culture of continuous quality improvement at teaching institutions by regularly assessing quality of education using national standards developed in year two of the Project and implementing enhancement plans. The support includes improvement of clinical services (such as MNCH, FP and management of HIV, TB and malaria) in clinical education sites.
- ***Activity 3.1.4.11 Support a community based workshop to be held at Jimma University***
Jimma University has a strong tradition of community-based education (CBE) and the HRH Project will support Jimma to organize a national workshop to review successes and challenges of CBE with the hope that other educational institutions will learn from its experience. Benefits of community-based education include increasing the willingness and ability of doctors to work in rural and underserved communities thereby addressing inequity in health service delivery; enhancing learning by providing opportunities for students to learn in situations similar to those in later professional lives and opportunities to elaborate on previously acquired knowledge; equipping students with competencies that they would never learn adequately otherwise, e.g., leadership skills, ability to work in a team, the capability to interact with the community; offering an opportunity to learn and work with other health professionals; keeping the curriculum responsive to changing needs of the community; and rendering opportunities for partnerships between the community, the university and the government.”

Sub IR 3.1.5. Faculty Development at HSEDCs

The HRH project will continue to build capacity of faculty at HSEDCs, including providing pedagogical training. The following activities will be conducted:

- ***Activity 3.1.5.1*** Organize instructional design skills training for members of HSEDCs to facilitate shift to competency-based curriculum and modularization
- ***Activity 3.1.5.2 Organize two multimedia for learning training courses.***
These trainings will prepare 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 site.
- ***Activity 3.1.5.3*** Organize a 5-day clinical simulation training for members of HSEDCs

Sub IR 3.1.6. Support Recognition for HSEDCs

Activity 3.1.6.1 In collaboration with HERQA and the FMOH, the HRH Project will organize an annual review meeting of health teaching universities to review the progress of internal quality assurance activities. During the meeting, best performing HSEDCs will be recognized.

Sub IR 3.1.7. Enhance Inter-Professional Collaboration

Activity 3.1.7.1 Organize a 2-day national workshop on communication, ethics, and inter-professionalism for representatives from Universities, FMOH, FMOE and Professional Associations

There is an interest at the FMOH to address and improve provider communication, professionalism and ethics as they frequently impact quality of care and patient satisfaction. The HRH project will present findings and outcomes from previously funded Maternal Child Health Integrated Program (MCHIP) work on women-friendly care and communication, which resulted in increased skilled birth attendance in those areas. Discussions will identify strategies and action plans for addressing these issues in clinical practice and curricular revision.

Sub IR 3.1.8. Strengthen the Student Selection process

While current graduates can select the health field that they would like to pursue as a career, they are not able to choose a specific program of study. This is not consistent with best practices and evidence supporting self-selection as a key to academic success and retention after deployment and should be addressed. The HRH project will support a desk review to collate and synthesize best practices, including regional examples and sample templates, and present the results to key stakeholders for the development of an action plan to address this issue.

- **Activity 3.1.8.1** Conduct a desk review on best-practices related to student selection and admission
- **Activity 3.1.8.2** Conduct an advocacy meeting to present the results of the desk review to stakeholders such as the FMOE, FMOH, higher education institutions, professional associations, etc.

Sub IR 3.1.9. Improve teaching staff recruitment and selection

- **Activity 3.1.9.1** Support **Amhara and SNNP RHBs** to develop and implement sound teaching staff selection criteria
- **Activity 3.1.9.2** Mentor education institutions during regular on-site visits to improve staff recruitment and development by implementing education standards and WHO guidelines on transformative scale up of health professionals education

Sub IR 3.1.10. Strengthen teaching staff retention

The HRH project will conduct the following activities to strengthen retention of faculty and other teaching staff:

- ***Activity 3.1.10.1 Disseminate literature review conducted on faculty retention conducted in Year One.***
The HRH project will disseminate findings from a literature review and make recommendations for faculty retention
- ***Activity 3.1.10.2 Support the FMHACA and Professional Associations to conduct advocacy on CPD at universities, colleges, & RHBs (inform teaching staff as it relates to their career development)***
The CPD directive launched by the FMOH outlines recommendations for instituting CPD requirements for re-licensure. The HRH project will support the FMHACA and professional associations to disseminate information and expectations for the provision, management and enforcement of CPD.
- ***Activity 3.1.10.3 Improve educational quality management as a contributor to staff retention.***
Through strengthened implementation of quality improvement at education institutions, we hope to improve staff job satisfaction and retention.
- ***Activity 3.1.10.4 and 3.1.10.5 Mentor alumni offices in Tigray to promote engagement of alumni for improved quality of PSE through fund-raising, serving as guest lecturers; and organize a webinar for alumni offices.***
The potential of engaging alumni to mobilize resources and improve quality of education provision has not been harnessed in Ethiopia. The HRH Project will organize a webinar for alumni offices based on experiences drawn from Johns Hopkins University regarding managing alumni. In a response to a request from the region, the HRH project will Mentor alumni offices in **Tigray** to promote engagement of alumni for improved quality of PSE through fund-raising, serving as guest lecturers, etc.

Sub IR 3.1.11. Improve partnership with the private sector

- ***Activity 3.1.11.1 Conduct an advocacy workshop with Private Colleges and Private Health Institutions to increase the number of clinical practice opportunities available to students***
Private students are permitted to practice in public facilities and pay a fee for the right to do so; yet public students are not permitted to practice in private clinics. The HRH project will support advocacy for establishing better relationships between public and private institutions and facilities to allow for equitable and sufficient clinical practice in order to produce a competent workforce.
- ***Activity 3.1.11.2 Promote implementation of the newly developed HERQA's program level standards and Internal Quality Assurance (IQA) guidelines at private institutions***
The HRH project will support the sharing of educational standards, IQA guideline and accreditation resources with private institutions and provide technical support for them to establish their own HSEDCs to manage and strengthen internal quality assurance systems.

- ***Activity 3.1.11.3 Engage representatives of private higher education institutions and private college associations to participate in Pre-service Education (PSE) stakeholder meetings and important workshops***

Representatives of private education institutions will be invited to pre-service education related meetings, training courses and workshops.

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

Licensing exams are an important regulatory mechanism to protect the public from unskilled and unsafe practitioners and improve quality of education. Valid and reliable assessment of competence gives the public confidence that only qualified and competent health professionals receive the license to practice. In Year Two, the HRH Project supported FMOH to develop a policy document requiring health professionals graduating from university to pass national licensing exam. Accordingly, the HRH project will conduct the following activities in support of the FMOH's priority of establishing a national pre-licensure system for graduates from health training programs:

- ***Activity 3.1.12.1 Provide technical support to finalize the national pre-licensure Exam Policy***

The Federal Ministry of Health is working to institute pre-licensure examinations for first degree graduates of Medicine, midwifery and anesthesia, with the aim of increasing the quality of healthcare service and protecting the public from incompetent providers. The HRH Project will support the FMOH to finalize and endorse the policy document on pre licensure examination to guide this process.

- ***Activity 3.1.12.2, 3.1.2.3 & 3.1.2.4 Organize workshop to develop a pre-licensure exam implementation guideline***

The HRH Project will organize a workshop to develop a pre-licensure exam implementation guideline based on the finalized policy. A second workshop will be organized to finalize the guideline, and subsequently, the project will support printing and dissemination of 500 copies of the guideline.

- ***Activity 3.1.12.5 Conduct awareness creation sessions during professional association conferences***

Awareness and buy-in from health professionals will facilitate successful implementation of licensing exams. Professional Associations organize annual meetings, during which their membership convene to discuss different priority agenda items. The HRH Project will seek to use these meetings as a forum to create awareness of and to promote the pre-licensure exam implementation.

- ***Activity 3.1.12.6 Organize an advocacy and awareness creation workshop for relevant stakeholders (students representatives and faculty members)***

Awareness and buy-in by students and faculty will facilitate successful implementation of licensing exam and its impact on quality improvement. The HRH Project will organize a one day workshop for relevant stakeholders including student representatives and faculty

members, during which the pre-licensure examination will be promoted and concerns of students and educators addressed.

- **Activity 3.1.12.7 Provide technical support to FMOH to organize awareness creation session on EBC**
Public awareness of the licensing exam is important to secure their confidence and support. The pre-licensure examination will be promoted using two panel discussion sessions which will be transmitted via the Ethiopian television network.
- **Activity 3.1.12.8 Support the FMOH to coordinate with FMOE to officially inform institutions and students regarding the pre-licensure examination (including private colleges)**
Ongoing support will be provided to the Federal Ministry of Health to coordinate with the Federal Ministry of Education in helping cascade the information on the pre-licensure examination to universities and colleges.
- **Activity 3.1.12.9 & 3.1.12.10 Organize 2 rounds of a six-day assessors training and exam blueprint development workshops using results of task analysis**
Building the capacity of exam developers for the pre licensure examination is critical to assure validity and reliability. The HRH project will provide student performance assessment training for exam developers selected by the FMOH and respective professional associations. As part of this training, an exam blue print will be developed for medicine, health officer, midwifery and anesthesia.
Following the training, participants will develop knowledge and performance assessment items. The draft exam items will be reviewed in subsequent national workshops and selected items will enter into the exam bank.
- **Activity 3.1.12.11 Procure exam item banking and analysis software**
To facilitate easy storage, retrieval, sampling, analysis and continuous improvement of exam items, the HRH Project will procure exam banking software to be deployed at the FMOH's server.
- **Activity 3.1.12.12 Support the FMOH to organize training for item banking and analysis software users & 3.1.12.13 Provide technical support to conduct item analysis**
The HRH Project will facilitate user-level training on exam banking software by the vendor. We will also provide technical support for FMOH to conduct item analysis.

Sub IR 3.1.13. Monitor and evaluate the progress of pre-licensure examination system

The HRH project will support the FMOH to monitor and evaluate the pre-licensure examination system including collecting and analyzing feedback from students, institutions, and assessors. The results will be used to continuously improve the validity and reliability of the licensing exam and provide feedback to education institutions.

- **Activity 3.1.13.1** Provide technical support to collect and analyze feedback from students, institutions and assessors
- **Activity 3.1.13.2** Provide technical support to disseminate recommendations

Sub IR 3.1.14 Support to Technical and Vocational Education and Training (TVET – National)

The TVET Directorate at MOE is responsible for regulating training in regional health science colleges. The HRH project will provide support to the TVET, including engaging them in the activities below to establish better quality improvement processes and guidance at the national level.

- **Activity 3.1.14.1** Conduct a 5-day workshop to promote adaptation of education standards for accrediting and improving quality of education in regional health science colleges.
- **Activity 3.1.14.1** Organize a 5-day capacity building workshop to standardize and develop Teachers Training Learning Materials (TTLM)

Sub IR 3.1.15 Support TVET/ Occupational Assessment and Certification Agency (OCACA)

Health workers graduating from TVET programs are required to take certificate of competence (COC) assessments. However, there are concerns about the quality of these exams exacerbated by a lack of evaluation evidence. TVET Offices at national and regional levels will be supported to improve the validity and reliability of their assessment tools. They will also be supported to better capture data on outcomes of exams and perform item analysis to determine when revisions are needed. The following activities will be conducted:

- **Activity 3.1.15.1** Support the TVET to develop an Information Management System to track and manage COC (certificate of competence) assessors, examinees and exam results.
- **Activity 3.1.15.2** Conduct a 5-day capacity building training for COC assessors on conducting and managing Competency based assessments
- **Activity 3.1.15.3** Organize a 10-day workshop to develop competency based assessment tools (for different cadres)
- **Activity 3.1.15.4** Conduct assessment tools validation workshop
- **Activity 3.1.15.5** Conduct annual review meeting with stakeholders to discuss accomplishments and challenges at TVET programs

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

Short-term in-service training and continuing professional development (CPD) aligned with health sector priorities and professional needs are crucial not only for updating and maintaining competence of health workers but also as motivational tools to improve performance and retention of health workers. When capacity to develop and provide need-based and quality in-service training is strengthened, the knowledge, skills and performance of health workers in the provision of HIV, TB, malaria, maternal and child health and family planning/reproductive health services will improve.

In years one and two, the HRH Project supported the FMOH to develop regulatory and implementation frameworks to standardize and institutionalize in-service training and link CPD to re-licensure. In Year 3, the focus will be on technical and material support to strengthen implementation capacity.

Sub IR 3.2.1 Build the capacity of 35 training centers to provide IST

The support from the United States Government and other donors in training tens of thousands of health workers has helped to reduce burden of HIV/AIDS, tuberculosis, malaria, and maternal and child morbidity and mortality. The FMOH has identified the need to institutionalize, coordinate and standardize in-service training to assure local capacity and sustainability. In year two, 35 IST sites were selected by the FMOH and the HRH Project supported preparation of the sites for short-term in-service training as well as credited continuing professional development in accordance with national standards. The capacity building support will continue in year 3.

- ***Activity 3.2.1.1 Procure and distribute digital camera (both video and photo)***
In Year two, 35 IST centers were equipped with necessary conference room materials and equipment to establish model training centers. In year three, the HRH project will continue this support by procuring digital cameras to facilitate documentation of the training programs in each facility.
- ***Activity 3.2.1.2. Provide a 6 six days training skills course for IST providers***
IST providers are expected to facilitate a variety of training courses on important public health issues like MNCH, RH/FP, HIV/AIDS, TB and malaria. The HRH project will ensure that trainers at the IST sites are competent and prepared to cascade future trainings by providing them with training skills courses.
- ***Activity 3.2.1.3. Develop a generic financial manual, and a generic SOP, to guide implementation of IST in in-service training centers***
To ensure that IST center operational systems are standardized, the HRH project will support the FMOH to develop a generic SOP and financial manual, which will serve as a model training center “blue print”. It is expected that the IST sites will use these documents and adapt them for their own specific institutional context.
- ***Activity 3.2.1.4. Promote the use of IST centers using HRH forums and review meetings***
The HRH Project will promote information and awareness of the availability of IST training sites during HRH forums and review meetings. The Project will also liaise with the FMOH to determine the best web forums to use to promote information about IST centers and available trainings and schedules.
- ***Activity 3.2.1.5. Conduct a one-day annual meeting for IST centers***
Review meetings are important forums to facilitate sharing of best practices, challenges and recommendations of any program intervention. The HRH Project will organize a one day annual review meeting to document success stories, challenges and next steps for this intervention.
- ***Activity 3.2.1.6. Mentor IST centers to organize IST courses***

To increase the quality of the trainings to be provided at the IST centers, mentorship and coaching visits will be conducted by the FMOH and regional health bureaus during the first round of the trainings conducted by the IST sites. After the mentorship visits, feedback will be given for the centers so that the subsequent rounds of the trainings will improve upon any identified gaps.

- **Activity 3.2.1.7.** In response to a request from the Tigray RHB, the HRH project will provide technical support for Mekelle University to organize Clinical Training Skills (CTS) training for IST sites in the region.

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

- **Activity 3.2.2.1** Provide mentoring and coaching visits to the RHBs to support IST implementation.

- **Activity 3.2.2.2** *Conduct a one-day workshop to improve the coordination of IST activities among stakeholders.*

The main purpose of establishing in service training centers is to facilitate standardization and institutionalization of in-service training. Stakeholders who are involved in the provision of in service trainings need to be aware of the IST system so that they will use standardized training packages, use the regional in service training centers rather than hotel based trainings, and work closely with regions. To facilitate this, the HRH Project will conduct regional workshops for stakeholders in the four large regions.

- **Activity 3.2.2.3** Provide technical support to RHBs to undertake IST need assessments
- **Activity 3.2.2.4** Provide technical support to RHBs to develop need based annual IST plans

Sub IR 3.2.3 Support FMOH to standardize IST manuals

- **Activity 3.2.3.1, 3.2.3.2 & 3.2.3.3** *Identify IST materials for standardization*

Based on national priorities and regional needs, in-service training materials will be identified, reviewed and approved. A total of 20 existing in-service training materials (related to MNCH, RH/FP, HIV/AIDS, tuberculosis and malaria) will be reviewed by experts and will be submitted for approval by the Federal Ministry of Health.

- **Activity 3.2.3.4, 3.2.3.5 & 3.2.3.6** *Standardized training for medical equipment maintenance (linked to activity 3.1.4.4)*

Given the huge unmet need, the HRH Project will support development of training material to address the maintenance of medical equipment, and use the material to conduct a TOT for biomedical technicians. It is expected that they in turn will cascade this training down to health professionals who will do basic preventive maintenance and troubleshooting.

Sub IR 3.2.4 Support FMOH and FMHACA to develop and implement CPD accreditation system

Recognizing the importance of continuing education to the maintenance and provision of high standards of healthcare services, as well as the costs and administrative challenges associated with a CPD system, it is essential that the CPD provided to health professionals meets quality standards. In years one and two, the HRH Project supported development of the regulatory framework for CPD. This year, we will focus on efforts to roll out the implementation.

- ***Activity 3.2.4.1. Provide technical support to the FMOH and FMHACA to implement and monitor CPD accreditation system***

The HRH Project will provide FMHACA with technical support to implement and monitor the national CPD accreditation system. A CPD accreditation committee was established in year two, and in this year, the HRH Project will assign staff to support monthly CPD accreditation committee meetings which will focus on standardizing the accreditation system as per the criteria set by the CPD accreditation guideline.

- ***Activity 3.2.4.2. Conduct six one day advocacy workshops for zonal health department heads and facility managers (60 participants per workshop)***

The HRH Project will conduct advocacy workshops to advocate for the provision of CPD for health facility managers and zonal department heads. The workshops will encourage health facility and zonal department managers to provide enabling environments for health workers to participate in CPD activities by availing time and financial resources.

- ***Activity 3.2.4.3 & 3.2.4.4 Promote CPD through electronic and print media***

Additional sensitization and advocacy activities will be conducted using mass media (newspaper, television and radio). For the television and radio spots, a total of 10 messages each for 30 seconds will be transmitted. Similarly two promotional messages will be posted on the Reporter newspaper. One panel discussion will also be broadcast on Ethiopian Television.

- ***Activity 3.2.4.5. Support FMHACA to appoint Accreditors for CPD***

The HRH Project will technically assist FMHACA to appoint seven CPD accreditors, likely from various professional associations such as the Medical, Medical Laboratory, Nursing, Midwifery, Pharmacy, Anesthetists and Health Officer Associations. These accreditors will be delegated as potential CPD accreditors by FMAHCA; These associations are selected because they encompass a vast number of health professionals and are considered to have adequate human and infrastructure capacity.

- ***Activity 3.2.4.6. Provide technical support to FMHACA to organize a panel discussion on CPD***

- ***Activity 3.2.4.7. Support FMHACA to accredit CPD providing institutions (35 public and 7 private)***

To accelerate roll out of actual CPD implementation, the HRH Project will provide staff time to review and accredit 42 institutions to be CPD providers. The rationale of setting the target at 42 providers is that 35 in-service training centers have already been established, and the 7 associations listed above are considered to have the capacity to serve as CPD providers.

Sub IR 3.2.5 Develop capacity of professional associations to provide CPD

- ***Activity 3.2.5.1 Identify capacity building needs of professional associations and CPD needs of health workers***

Health professional associations are primary stakeholders in CPD provision and accreditation. However, they have capacity limitations to meaningfully participate. The regulation study to be conducted in this year will identify capacity building needs of professional associations for CPD provision. Findings from the task analysis studies with the seven health professional categories will also identify current competence gaps - these should inform the prioritization of CPD course topics.

- ***Activity 3.2.5.2 Provide technical and financial support to professional associations to organize CPD activities during their annual conferences***

Annual meetings of health professional associations are great opportunities to conduct need based CPD activities and reach number of members. The HRH project will provide technical and financial support to professional associations to organize CPD activities during their annual conferences. Annual General Assemblies of health professional associations are opportunities to conduct need based CPD activities for members. The HRH project will support 12 professional associations for this activity. These associations are:

- Ethiopian Midwifery Association
- Ethiopian Nursing Association
- Ethiopian Association of Anesthetists
- Ethiopian Medical Association
- Ethiopian Public Health Officer Association
- Ethiopian Pharmaceutical Association
- Ethiopian Medical Laboratory Association
- Ethiopian Public Health Association
- Ethiopian Society of Internal Medicine
- Ethiopian Society of Obstetricians and Gynecologists
- Ethiopian Surgical Society
- Ethiopian Pediatrics Society

- ***Activity 3.2.5.3 Support Professional Associations to design electronic CPD courses***

The HRH Project will provide technical assistance (such as instructional design skills or multimedia for learning training) to professional associations to design electronic CPD courses (at least one course designed by each of the major associations – medicine, nursing, midwifery, pharmacy, laboratory, anesthesia and health officer)

- ***Activity 3.2.5.4 Organize a one day workshop to establish a health professional associations forum***

Health professionals associations can play a key role in improving health education, practice and regulation. In reality, however, most associations do not have a clear understanding of these roles and responsibilities or are not fully engaged in these endeavors. A workshop will be organized for 25 health professional associations to create a forum to facilitate networking and sharing of lessons and ideas on how best the associations can support education, practice and regulation. Clear terms of reference for the forum will be developed.

Result 4: Program Learning and Research Conducted

IR 4.1 Research/Program learning Studies

The HRH project will generate research and evaluation findings on key priority issues related to the projects goals and objectives. Research and program learning will be designed using rigorous methodology and in collaboration with key stakeholders such as the FMOH and professional associations. Findings are expected to inform policy makers, strengthen program implementation, and generate evidence that can be shared with the global community. The collaborative approach is also expected to build local capacity. The HRH project will conduct the following research and program learning activities in this year:

Improved HRH management including retention

- ***Activity 4.1.1.1, 4.1.1.2, 4.1.1.3, 4.1.1.4 & 4.1.1.5 Finalize technical report documenting national retention study findings, and submit to FMOH to inform the HRH Strategic Plan***

In Year Two, the HRH Project conducted a national study with the aim to identify factors related to the health workforce motivation, job satisfaction and retention in Ethiopia. In this year, the HRH Project will support the FMOH to disseminate key findings from the study, and use findings to strengthen human resource policies and programs. The Project will also support development of manuscripts to be submitted to peer review journals.

The Project will also seek to present and highlight these findings at relevant national, regional, and international forums and meetings.

- ***Activity 4.1.1.6 Conduct literature review to understand global literature regarding secondment of staff to Ministry organizations, and present recommendations to FMOH on whether an assessment is needed or useful for the Ethiopian context***

The HRH Project is supporting secondment of staff at various departments at the Federal Ministry of Health. In an effort to systematically assess this mechanism and its usefulness within a health systems strengthening framework, the HRH project will review existing literature, and develop recommendations on whether a further assessment is required.

- ***Activity 4.1.1.7 Conduct a literature review on the effect of "dual practice" or "joint appointments" on retention of faculty.***

This activity was planned for Year 3 as a study; however, after learning that formal joint appointment is rare, we propose changing it to a literature review to determine whether it merits a full study.

- ***Activity 4.1.1.8 Support the FMOH to conduct a rapid assessment on the existing HRIS system, to identify gaps that need further support***

Despite years of investment, the FMOH does not have a functional HRIS yet. Upon request from FMOH, USAID has asked the HRH Project to support the FMOH to conduct a rapid assessment. Accordingly, the HRH Project will conduct the assessment by working closely with the HRIS Technical Working Group (TWG), which is led by the FMOH. The HRH Project through the HRIS TWG will select qualified and neutral international experts to facilitate the assessment in collaboration with a local consulting firm.

- **Activity 4.1.1.9** Develop program briefs or bulletins summarizing high level findings from work climate assessment, desk review on retention mechanisms, employee satisfaction surveys, MOST assessments, HRM Rapid Assessments, and disseminate widely

Increased availability of midwives, anesthetists, HEWs

- **Activity 4.1.1.13 & 4.1.1.14** *Conduct manuscript writing workshop to develop 3 manuscripts using data from the Midwifery, Anesthesia, and HEW Task Analysis Study*

In Year Two, the HRH Project conducted a study to assess needs and gaps in the education, practice and competencies of midwives, anesthetists and Health Extension Workers (HEWs). In this year, the Project will support development of manuscripts summarizing key findings, to be submitted to peer review journals.

Improved quality of health worker training

- **Activity 4.1.1.15 & 4.1.1.16** *Conduct task analysis study for 5 professional cadres (Medical doctors, Health Officers, Nurses, Pharmacists, Medical Laboratory Scientists)*

The HRH Project will conduct a study to assess the needs and gaps in the education, practice and competencies of health officers, clinical nurses, medical doctors, pharmacy professionals and medical laboratory professionals. These findings will be used to inform programmatic efforts to strengthen education, practice and regulation of the target health professionals (including licensing exam and continuing professional development) and in turn strengthen professional services. Results from the study will be summarized in a technical report to be shared with stakeholders.

- **Activity 4.1.1.17** *Conduct midterm evaluation the of the HRH project*
In collaboration with USAID, a mid-term evaluation of the HRH Project will be conducted.

- **Activity 4.1.1.18, 4.1.1.19, 4.1.1.20 & 4.1.1.21** *Conduct data collection for the Study on Health Professionals Regulation and Practice Study*

The overall aim of this study is to generate evidence on the existing health professionals' regulation practice in the country to guide the implementation of the different guidelines and directives. Study protocols were developed and IRB approval received in year two. Data collection will be conducted in this year.

The HRH Project will also support dissemination of study findings, as well as development of manuscripts to be submitted to peer review journals.

IR 4.2 Local capacity built in human resource for M&E and research

Sub IR 4.2.1 Build Local Capacity to Conduct Research

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** In collaboration with Oromia RHB develop study protocol and IRB application, and conduct a cross-sectional study on key competencies of rural health extension workers in Oromia region (assess competencies related to MDG goals, findings will be used to improve the HEW Integrated Refresher training).
- **Activity 4.2.1.2** Support the Oromia RHB to collect data for a study on key competencies of rural health extension workers in Oromia region
- **Activity 4.2.1.3** Support the Oromia RHB to develop a technical report summarizing findings from the study on key competencies of rural health extension workers in Oromia region
- **Activity 4.2.1.4** Support the Amhara and Tigray RHBs to collect data on the Competency Assessment of Midwives working in the health facilities in Tigray & Amhara
- **Activity 4.2.1.5** Support the Amhara and Tigray RHBs to develop technical reports summarizing findings from the Competency Assessment of Midwives
- **Activity 4.2.1.6** Support the Amhara and Tigray RHBs to conduct a manuscript writing workshop to develop a manuscript summarizing findings from the Competency Assessment of Midwives
- **Activity 4.2.1.7** Support Oromia, Amhara, and Tigray RHBs to conduct 1/2 day dissemination meetings for key stakeholders, to present findings from studies conducted in their respective regions
- **Activity 4.2.1.8** Support the Amhara Occupational Assessment Certification Agency to enter and analyze examination data collected from COC assessments

Sub IR 4.2.2 Annual Work plan and PMP Development

The HRH Project will engage the FMOH, RHBs, and other stakeholders during planning, and ensure alignment of project activities with stakeholder priorities.

- **Activity 4.2.2.2** Update performance monitoring plan as needed

Sub IR 4.2.3 Conduct Routine Monitoring and Supportive Supervision

The HRH Project will support and facilitate various monitoring and supervision activities, collaborating with the FMOH, RHBs and other key stakeholders. Standardized checklists will be used to guide supervision and monitoring, and findings will be used to strengthen program implementation and performance. The following activities will be conducted:

- **Activity 4.2.3.1** Provide technical and financial support to the FMOH and RHBs in conducting two of the four quarterly *Integrated Supportive Supervision* to strengthen HRM system and practice.

- **Activity 4.2.3.2** Provide technical and financial support to the FMOH to conduct quarterly *Joint Supportive Supervision* visits to Midwifery, Anesthesia, HEW, Biomedical Technician, & EMT training institutions in selected regions.
- **Activity 4.2.3.3** Provide technical and financial support to Regional Health Bureaus/TVET Offices to conduct Semi Annual Joint Supportive Supervision visits to all Midwifery, Anesthesia, HEW, Biomedical Technician, & EMT training institutions in all regions
- **Activity 4.2.3.4** Support the TVET to conduct a 7-day annual joint supportive supervision of public and private TVET institutions
- **Activity 4.2.3.5** Support FMHACA to conduct Semi-Annual Supportive Supervision at 11 regional regulatory bodies to monitor implementation of CPD
 - **Activity 4.2.3.6** Support 11 RHBs to conduct joint supportive supervision visits at 35 In-Service Training (IST) sites
 - **Activity 4.2.3.7** Provide ongoing monitoring visits to training institutions in all regions, including oversight for implementation of FOG-related activities

Sub IR 4.2.4 Annual Data Collection

- **Activity 4.2.4.1** *Collect annual performance data from training institutions in all regions, RHB, ZHDs, and Woreda Health Offices (WoHoS)*
The HRH Project will collect annual performance data from universities and regional health science colleges. Data will be used to monitor progress against the project PMP.

Sub IR 4.2.5 Develop M&E Data Management System

- **Activity 4.2.5.1** Routinely update the database for monitoring progress in educational quality improvement based on the national educational standards; generate reports and share with relevant stakeholders to improve program implementation
- **Activity 4.2.5.2** Update the TrainSMART database for all trainings conducted (including under the FOG mechanism)
- **Activity 4.2.5.3** *Support the FMOH, MOE (Ministry of Education) and Training Institutions to develop a database to track student profiles.*
The HRH Project plans to collaborate with IntraHealth to adapt an existing USAID funded database (iHRIS) to strengthen the educational management information system in target universities and colleges. iHRIS will provide the FMOH with much needed information on the number of health science graduates and students critical for evidence-based planning and deployment decisions. The collaboration with IntraHealth will build on ongoing efforts by the MEPI Project to develop a graduate tracking database at Addis Ababa University.

Sub IR 4.2.6 Develop a Model to Predict Impact of HRH Interventions

- **Activity 4.2.6.1** In response to a request from USAID, the HRH project will explore the requirements for the development of a robust model which can predict impact of HRH interventions on service delivery. This will include consultations with modeling experts at the Johns Hopkins University and other stakeholders such as FUTURES group.

In close consultation with USAID, the HRH project plans to develop an impact model for measuring effects of HRH strengthening on health service coverage and quality through a multi-phased approach. HRH is implementing the following activities:

- Phase I: Develop a conceptual model which includes an assessment of measurable components and focus areas. We expect to have an internal report on progress made on this that can be shared with USAID in December.

Phase II: Translation of the conceptual model into an analytical model is expected through March 2015. This will be done through collaboration with the Johns Hopkins University Institute for International Programs, which developed the Lives Saved modeling tool (LiST), currently used widely to estimate mortality impacts of changes in MNCH intervention coverage. This process will also include a focused workshop to be conducted in-country in Quarter Two to further identify data sources and assumptions for the Ethiopian context. The project also envisions that a presentation of the approach, draft conceptual model, and next steps will be presented to USAID at the conclusion of the workshop, to obtain feedback and guidance on next steps.

Phase III: Analysis of HRH project impact: Phase III will start by inputting country and project data into the model and after approximately three – four months of analysis, estimate impact for life of project and beyond. By the end of July, we anticipate a second report containing a full model description and impact projections. The program will continually reassess this through updated projections and revisions for the remainder of the award as data changes (i.e., as more interventions occur and associated outputs are generated).

- ***Activity 4.2.6.2: Develop project monitoring systems and approaches to longitudinally collect data documenting effects of selected project interventions on service delivery, with a focus on HIV, TB, Malaria, MNCH, and FP/RH services***

Given the various funding streams supporting HRH Project implementation, the Project will develop sound and rigorous monitoring approaches and systems to ensure that relevant data linking project inputs to health outcomes is routinely collected, analyzed and reported.

Sub IR 4.2.7 Conduct Regular Program Data Collection, Quality Assessment and Reporting

- ***Activity 4.2.7.1*** Produce quarterly progress reports
- ***Activity 4.2.7.2*** Produce semi-annual progress report
- ***Activity 4.2.7.3*** Produce annual progress report
- ***Activity 4.2.7.4*** Conduct annual data quality assurance assessments using routine data quality assessment (RDQA) tool
- ***Activity 4.2.7.5*** Collect and compile success stories/best practices

Sub IR 4.2.8 Conduct Program Review Meetings

- ***Activity 4.2.8.1*** Conduct quarterly internal HRH review meetings
- ***Activity 4.2.8.2*** Conduct weekly core HRH team meetings
- ***Activity 4.2.8.3*** Conduct Annual HRH Review and Planning meeting with donor and partners

- **Activity 4.2.8.4** In response to a request from the ORHB, provide financial support to Oromia RHB and TVET to conduct review meetings on human resource for health with ZHDs heads, HR managers and RHSCs deans
- **Activity 4.2.8.5** Provide financial support to the FMOH to organize Woreda Based Health sector planning to ensure that HRH related issues are well addressed
- **Activity 4.2.8.6** Provide financial support to the FMOH to conduct the Annual Review Meeting
- **Activity 4.2.8.7** Develop and disseminate program briefs on (1) SBMR Summary of Baseline Data (2) Competency Study (3) Baseline data (4) Task Analysis (5) Regulation Study (6) Amhara/ Tigray Midwifery Competency
- **Activity 4.2.8.8** Participate as needed, and based on priorities, in key selected critical global meetings

END