



***Training of Health Extension Workers:
First Intake Assessment
August 2005***

Summary of Findings

The most encouraging aspect is that most trainees seem genuinely positively disposed towards their assignment, despite not having been recruited from rural kebeles and despite the hard conditions under which they have trained. The trainers are confident in their training ability, have positive attitudes toward the Health Extension Program (HEP) in general and the training program in particular. The institutes have provided classrooms and a number of other resources, which is an important indication of ownership and commitment to the program.

Specific Challenges and Recommendations

Problem 1. The selection process was dominated by the Technical and Vocational Education (TVE) sector with minimal involvement of the health sector. Most trainees were selected from woreda towns (not rural kebeles) and this could have a distorting effect in the future development of the HEP. Another major weakness is that the program seems to have attracted trainees with much lower grades compared, for example, to those in the regular TVE programs. This has been compounded by the adverse learning conditions and, in the case of Amhara and Tigray, living conditions (no stipend).

Recommendations: Involve the TVETIs more actively in the planning of future intakes and involve them more closely in issues/decisions related to HEW training e.g. improvement of the teaching/learning process, preparation for apprenticeship, and status of trainers.

- Start recruitment as early as feasible so as to attract students with better GPA
- Give more firm and clear guidelines on selection; make sure it starts at kebele level and make it as participatory and transparent as possible
- Involve Woreda Health Offices (WHOs) more actively with a clear mandate in the selection process
- Study the possibility of introducing a stipend (Amhara & Tigray)

Problem 2. The trainers are too few in numbers and therefore are overloaded. They feel insecure about their status as they feel lost between the TV and the health sectors.

Recommendations:

- Increase the number of trainers significantly to decrease their load
- Make their employment status (duties and privileges) clear and compatible with their future career development

Problem 3. The teaching/learning process suffers from the lack of textbooks, reference materials, inadequate practical/demonstration facilities and a compromised apprenticeship program in spite of last minute remedial efforts. The operational budget was clearly inadequate. The issue of uniforms for trainees and eventually HEWs needs to be clarified. There are a number of resources at the local level (health workers training institutions, RHB, WHOs, HC) which could be tapped, to a certain degree, to supplement HEW training.

Recommendations:

- Provide textbooks to trainees as soon as possible (at least one copy for each Health Post). Start with the modules in Amharic, and eventually
- prepare materials in other languages
- Organize demonstration rooms with adequate teaching aids
- Organize the apprenticeship program better and design ways for more active supervision by trainers, WHOs & the HC; as much as possible, avoid the peak harvest or rainy season
- Increase operational budget
- Strengthen relationship with stakeholders and mobilize local resources to support the training program.

Problem 4. The first group of HEWs is being deployed but WHOs and Health Centers in woredas seem ill-prepared to receive and put them effectively to work. Most WHOs do not have adequate staff and budget to ensure proper supervision and support. Only salaries of HEW have been budgeted with no provision for operational expenses for HEP and the additional tasks of WHOs related to the HEP. Community mobilization in support of HEP has hardly started.

Recommendations:

- Design clear HEP operational plans, including costs at the WHO level
- Issue clear guidelines for community mobilization in support of the HEP

Problem 5. Preparation for future training programs should start immediately. Since deficiencies in the training is still being improved, new HEWs are bound to lack in a number of skills. In addition, they have to be introduced to new assignments (e.g. antiretroviral therapy) and changes in technology (e.g. new drugs for malaria). The issues of upgrading training and future training centers for HEW (to replace attrition etc) should be addressed as soon as possible.

Recommendations:

- Prepare clear plans for the remedial/continuing education of HEW;
- Establish a mechanism (such as a taskforce or committee) to study and plan upgrading (as appropriate) training and future training centers for HEWs.