MOVING BEYOND THE CLASSROOM:
Strategies for Building the Capacity of Ethiopian Health Workers

INTRODUCTION

Skilled people, performing at capacity, are an essential key to making a complex health system function. Capacity building for health workers must be well coordinated, reflecting the combination of policies and interventions that drive performance. National capacity building (CB) programs require a broad health systems approach, supported by strong political commitment and strategic leadership from the government at all levels—from the Minister of Health to the Zonal and Regional Health Bureaus.

In 2019, JSI Research & Training Institute, Inc. (JSI) conducted an applied learning activity to identify promising CB initiatives conducted in the Ethiopian health sector and determine which approaches are worthy of bringing to scale. The activity, carried out through the Universal Immunization through Improving Family Health Services (UI-FHS) Project, examined views of key informants, available literature, interventions currently underway in Ethiopia, and global recommendations on capacity building, to inform recommendations for new ways of thinking and working to build capacity of health workers at scale. This report describes the findings from this undertaking.

CONTEXT AND RATIONALE

The GOE has successfully implemented major improvements in the health system, paying particular attention to improving primary health care at the community level. Recent improvements include national strategies such as the Health Extension Program, and support for partner-led approaches such as Reaching Every District using Quality Improvement (RED-QI) and other innovative programs. However, substantial performance gaps remain at every level of the system. Under the Teach to Reach platform, in 2018, a number of country partners (including JSI) designed strategies to address gaps in immunization training and capacity building. Implementation of these strategic plans has proven difficult to operationalize at the country level in Ethiopia. **These are gaps that can be addressed through the development, implementation, and evaluation of nationally guided strategies and programs to build health worker capacity.** The upcoming publication of the updated FMOH Health Sector Transformation Plan (HSTP II) presents a prime opportunity for the ministry and its stakeholders to implement the recommendations laid out in this report.

THE OVERALL FINDING: Capacity building strategies to improve workers' performance must reduce reliance on traditional off-site workshops and adopt proven on-the-job (OJT) modalities in a conducive work environment, such as through mentoring, supervision, and post-training follow-up and support. These interventions should be well-planned, informed by data that accounts for local contexts, and delivered through careful implementation, with rigorous monitoring and evaluation (M&E) to track progress. Ultimately, comprehensive planning for implementation of these interventions will require a **National Capacity Building Strategy** that blends learning with a human-centered approach to build health workers' capacity.

METHODS

The UI-FHS inquiry consisted of two main approaches:

- **Key informant interviews** with 22 respondents in Addis Ababa, conducted between September and December 2019. The interviewees included representatives from the Government of Ethiopia or GOE (5), implementing partners, or IPs (14), and donor organizations (2), as well as one university researcher. The information gathered during the interviews was transcribed and analyzed for key themes.

- An accompanying **systematic review** of the literature examining published and grey literature, reports and technical briefs from partner organizations, and other relevant publications on CB in the Ethiopian health system and beyond, ongoing interventions in Ethiopia as well as global guidance on capacity building (over 100 documents in total were reviewed).

FINDINGS AND RECOMMENDATIONS

The activity revealed four major actions for building capacity:

I. Developing a National Capacity Building Strategy
II. Strengthening workplace management
III. Strengthening the overall health system
IV. Measuring progress

I. Developing a National Capacity Building Strategy

The FMOH has recognized the need for an overarching CB-specific strategy (Ethiopia FMOH, 2005). Capacity building is mentioned in some key strategic planning documents, such as the HSTP, but not in a comprehensive way; and specific implementation plans do not exist. Other strategy documents—for instance, immunization-specific documents such as the Comprehensive Multiyear Plan, were developed in line with the HSTP; but clear strategies specific to CB are not delineated. Similarly, most organizations interviewed do not have stand-alone CB strategies. Instead, CB is mentioned more generally in strategy documents. The lack of a comprehensive national strategy and thus lack of coordination between stakeholders, risks duplication of efforts and less effective interventions.

Since CB is a cross-cutting area affecting most technical and management areas, dedicated strategic documents/policies would enhance the likelihood that interventions are developed and implemented in a more consistent, standardized, comprehensive, and effective manner. A CB strategy, linked to other strategies in the health sector, could help to identify and address CB gaps at the health system level, including key human resources issues (i.e., worker recruitment, deployment, retention, compensation) (Table 1).

> *There is a lot of need for capacity building so it might be tempting to jump in and do the work without having really developed the long-term vision. The challenging part of the capacity building process is creating the long term vision and having a clear assessment of the benchmarks. – Donor Agency*

> *Different partners have different guidelines, different training approaches. We have to have the same national guidelines. We have to have the same capacity enhancing approach to avoid confusion in the public health system. – IP*

Table 1. Goals of a National CB strategy:

Coordination and partnership

- Delineate the role of ministry leadership in the oversight, authority, and accountability.
- Enhance the coordination of interventions implemented throughout the health system.
- Strengthen and coordinate the CB-related frameworks and policies of the FMOH and its directorates and partners.
- Identify the roles and responsibilities needed for implementation of the strategy.
- Build strong partnerships between federal and local government entities, implementing partners, the private sector, and academia.

Address health system level issues

- Coordinate and harmonize organizational and individual factors that affect worker performance.

Focus outside the classroom

- Strengthening and coordinating preservice education (PSE) and in-service training (IST) efforts and enhancing the use of on-the-job training (OJT) and "just-in-time" (JIT) information and performance support.
- Leverage appropriate use of emerging technologies to support capacity building efforts.

Track progress

- Establish a broad systematic process for supporting rigorous M&E practices in CB interventions, including data collection, data quality, and data use for decision-making.

RECOMMENDATIONS FOR CREATING A NATIONAL CB STRATEGY:

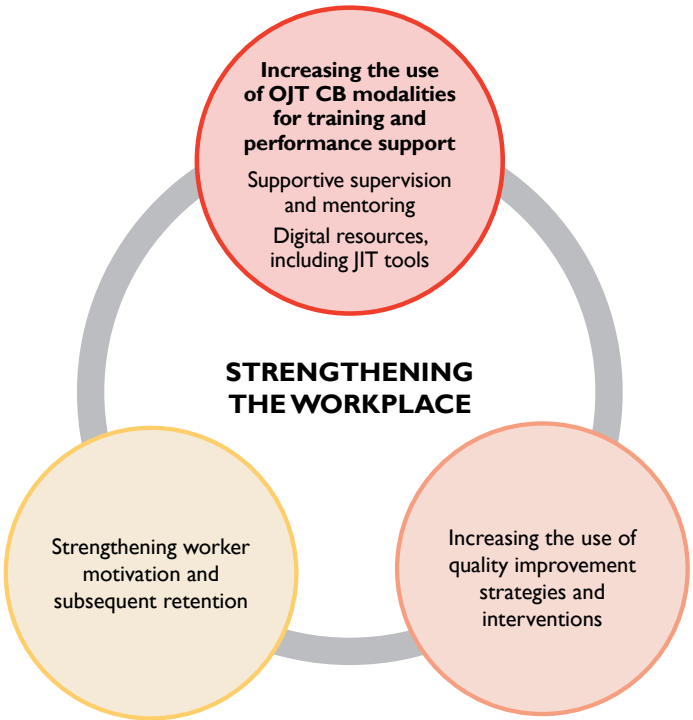
- **Develop a national health sector CB strategy based on a strategic framework to include CB policy issues and successfully implement these policies.** This process should be led by the FMOH, bringing together multiple stakeholders with CB and related responsibilities (i.e., IPs, other GOE ministries, donors) and harmonizing their CB interventions under one overarching strategy, using a common systematic approach that reflects international best practices.

The current updating of the HSTP presents an opportunity to develop this CB strategy, either as a discrete section of HSTP-II or as an accompanying document.

- **Set short- medium- and long-term goals.** Since CB is an ongoing process that can take many years to show measurable progress, strategies and plans should focus further in the future (10–15 years), but include interim benchmarks for evaluating progress.

- **Focus on locally driven interventions.** To enhance accountability, relevance, and motivation, explicit strategies must be tailored to each level of the health system and must provide specific guidance to address the unique challenges of special populations, such as those working in the developing regional states (DRS) and other pastoral areas.

Figure 1. Workplace Capacity Building Opportunities



Most of the time, people assume that once they get training, that's enough. That's not enough… We go to the facilities, see what's happening in terms of exercising what they have trained on, and in terms of improving the quality of the service they're providing. - IP

II. STRENGTHENING THE WORKPLACE

A variety of capacity building opportunities are present in the daily workplace at all levels of the health system. Since they are linked and interdependent, addressing one contributes to strengthening the others (Figure 1).

Increasing the effective use of OJT

On-the-job support and blended CB approaches have proven to be more effective in transferring learning and improving performance than off-site workshops alone. Also, the usefulness of a workshop decreases when it does not include on-site follow up support (Ayanore MA, et al., 2019) (Alexander K Rowe et al., 2018). OJT interventions can be stand-alone or can supplement other CB interventions, through a blended approach that combines didactic learning (such as in a workshop, online course, or one-on-one demonstration), followed by on-the-job performance support (such as supportive supervision and mentoring) to reinforce the knowledge and skills gained in the didactic intervention.

Both governments and IPs recognize the validity and benefits of OJT and this blended approach, which is less costly and does not require workers to leave the worksite. Nonetheless, the majority of CB in Ethiopia is still being conducted via workshops, especially for government interventions.

Supportive supervision and Mentoring

Evidence shows that both supportive supervision (Ward, Kirstin, et al. , 2019) and mentoring can be effective for measuring workplace performance and for the transfer of knowledge and skills. For that reason, they are included in various WHO (WHO, 2018) guidelines as core functions for health system strengthening.

As with any intervention, supportive supervision and mentorship must be planned and implemented using evidence-based designs. For example, the use of standardized and tested tools and job aids is essential.

Sometimes when you go to the field you see there is something wrong and so you show them. Training should be continuous, not in the workshop in a room, but at the field level. - IP

Given the resource challenges for supportive supervision and mentoring (especially with overburdened staff and transportation issues), many projects are experimenting with remote supervision/mentorship through digital technologies, such as the use of Telegram.

We also have a Telegram connection with our partners wherever they go to provide supervision. When they [supervisors] have questions, they asked immediately through the phone. This has reduced time delays. -IP

Digital Resources

Digital technologies and mLearning offer OJT opportunities to support health workers and enhance their skill sets (see Box 1). Though more research is needed, the literature indicates that internet-based learning, when properly designed, can be as efficacious as traditional forms of education and training (Dunleavy et al., 2019) (Modi et. al., 2019).

The FMOH has used electronic technologies such as satellite-based lectures and teleconferences (for instance Woreda.net, an online platform owned by the government that features lectures and is accessible online or via download). Though these technologies may still be used, the FMOH has the desire to enhance and modernize their online learning resources.

Box 1. Examples of Digital CB Resources

Global online courses and other digital resources

- BOOST (Sabin Vaccine Institute)
- AGORA (UNICEF)
- Immunization Academy Watch (Bull City Learning)
- Global Leadership Fellows Scholar Program

Used in Ethiopia

- Woreda.net
- Health Education And Training curriculum mobile format
- Open data kit (CORE)
- Electronic Community Health Information System/eCHIS, (FMOH)

Currently, most of the digital learning interventions in Ethiopia remain as pilots that need to be further tested and evaluated before being scaled up and institutionalized. Also, internet- and mobile-based technologies are not equitably available to all health workers in the country. Although internet infrastructure in Ethiopia is not yet widespread and dependable, small interventions can be piloted and evaluated so that their effective use can grow on a parallel track with the strengthening of the infrastructure. Products that can be downloaded for offline use are likely to be the most beneficial, at least in the short term.

Increasing the use of QI strategies and interventions

Capacity building should address skills to operationalize challenges and mobilize community structures for improving routine health systems more broadly. Quality improvement can be an effective approach in building health program capacity, including immunization programs (Manyazewal et al., 2018). QI tools and methods aid workers in assessing, improving, and continuously following up at various health system levels and contexts, and ultimately designing their own solutions to reach all target populations. QI is already used throughout the health system by various projects, including as part of the well-established Reaching Every District through Quality Improvement strategy (RED-QI). The RED-QI approach has been shown to empower zone-, district-, and facility-level government health workers, as well as community members, to exercise accountability and share ownership of immunization outcomes. This approach engages community members, linked to health facilities, to generate local operational problems in routine immunization.

We use quality improvement, the implementation of the Reaching Every District [RED] approach. We take already existing community or health facility groups and provide them with training on quality improvement tools and methodologies. Then these groups meet to talk about immunization issues and other technical areas. This is where they do their local problem solving. -IP

Strengthening Worker Motivation and Retention

Health worker motivation and high levels of health worker attrition (Haso et al., 2018) are key barriers to effective health service delivery in Ethiopia. Causes for job dissatisfaction include low salaries, understaffing, unpleasant workplace conditions, lack of promotion and other growth opportunities, as well as context-specific factors (see Box 2). Many of these factors result in part from system-level challenges that can be addressed in a strategy document and with targeted, low-cost strategies. Motivation, for example, can be enhanced by both monetary and non-monetary means. For instance, equitable salary and fringe benefits, or expanded recognition systems and opportunities for advancement, may be important factors in

Box 2. Importance of Considering Context

- For people living and working in remote, pastoral areas (such as the DRS), issues affecting worker motivation and retention are exacerbated.
- Context may also accentuate digital divides in infrastructure, access to technology, and digital literacy.

reducing job dissatisfaction (Ayalew et al. , 2019). One IP has also adopted the practice of training multiple staff members at a facility to perform the same duties to avoid gaps when an employee leaves.

RECOMMENDATIONS FOR STRENGTHENING THE WORKPLACE

- **Identify and test promising practices.** Leverage tools and processes currently in use and offer promising alternatives to complement traditional classroom training, with better understanding on how they can be standardized and scaled for use across the FMOH and IPs.

- **Incorporate the use of emerging technologies.** Digital OJT methodologies such as eCHIS should be expanded and adopted, including eLearning/mLearning and "just-in-time" (JIT) digital support, especially for community-based workers. This expansion should take into consideration type of technology, the evidence base, feasibility, acceptance by target audiences, and equity.

- **Build capacity of supervisors and mentors.** Supportive supervision and mentorship must be well planned and implemented, using evidence-based designs. For example, the use of standardized and tested tools such as checklists and job aids is essential, as is proper support for those assigned mentorship/supervision duties. Further, the supervisors and mentors need to be appropriately prepared for this role through training, guidelines, and ongoing support.

- **Build capacity of health workers to operationalize challenges and mobilize community structures.** QI strategies and tools can be used to improve worker core competencies beyond service delivery, including the planning and implementation of outreach services, supply chain and stock management, seeking of needed resources, and cold chain compliance.

- **Address staff motivation and retention.** Practices such as supportive supervision and mentoring, providing token financial rewards or prizes (i.e., t-shirts, hats), giving non-financial rewards (i.e., peer and public recognition via community scorecards, "most valuable employee" awards, certificates) and offering opportunities for continuing professional development (CPD) are critical components of a CB strategy.

- **Coordinate local/facility/community efforts with system-level improvements.** Though small interventions administered on the local level can help, the FMOH and government of Ethiopia must address the issue of staff motivation and retention as part of system-level human resources for health (HRH) reforms (i.e., salaries, workplace conditions, professional development, career paths) and included in the overarching FMOH CB strategy or linked with other complimentary strategies such as HRH.

III. Strengthening the Health System

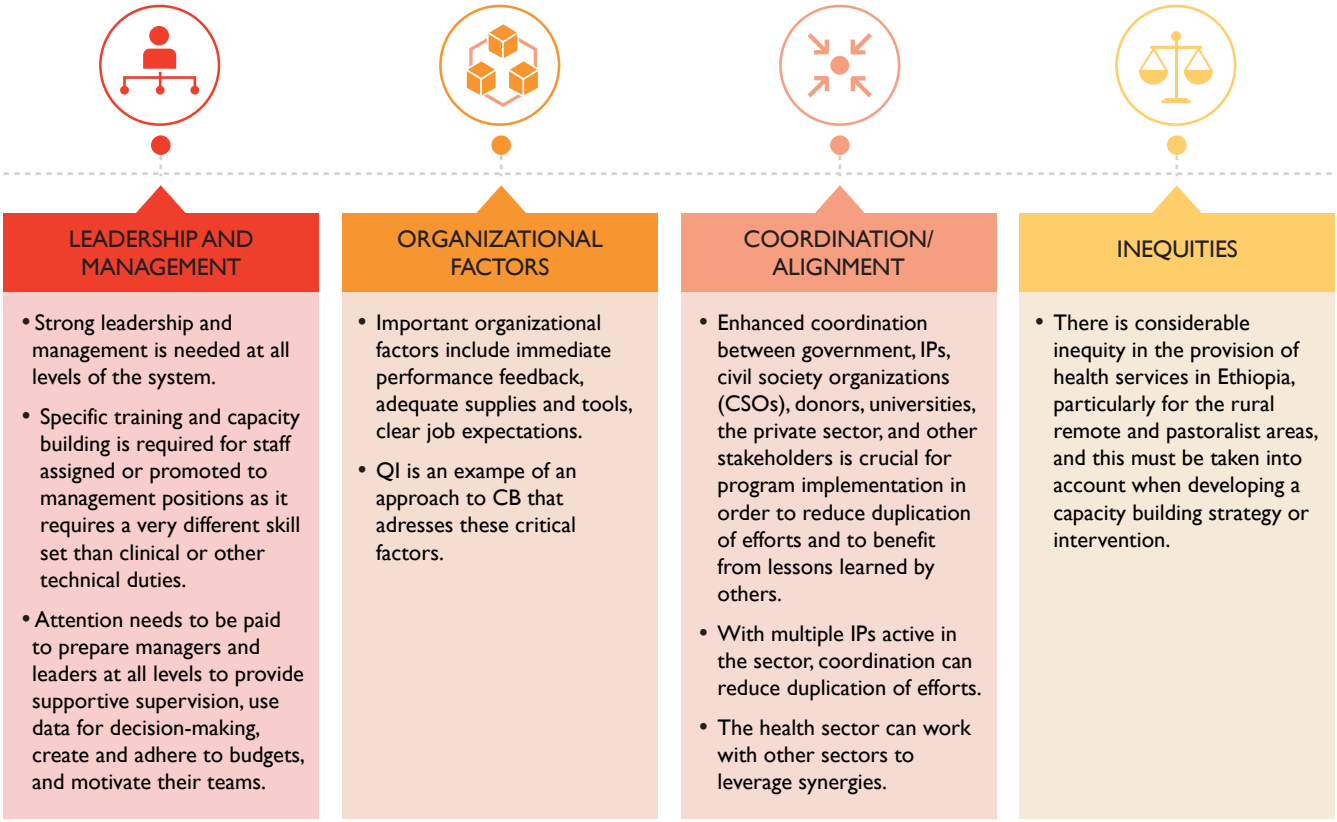
Like the workplace, health systems are complex with interdependent elements. System-level factors should be identified and considered in any approach to improve the performance of the health workforce, as well as included in opportunities for harmonization with other government sectors (i.e., FMOE) and stakeholders (Figure 2).

IV. Measuring Progress

Capacity building interventions in the health system need to be designed based on evidence of best practices, and then monitored so that managers can know how well they are working. Monitoring and evaluation processes should be used to adapt strategies to local conditions and to facilitate learning as implementation proceeds, with the aim of increasing effectiveness (Alexander K. Rowe et al. , 2018), understanding what program elements work and which interventions should be brought to scale. There is an observed need to add to the evidence base and permit data-informed decision-making by ensuring that M&E is included as part of all interventions implemented by the FMOH and IPs. There are some examples of this, such as the USAID Transform Primary Health Care (PHC) project.

Throughout implementation, performance data are insufficiently gathered, with little attention paid to data quality. This makes it difficult to measure changes in performance. Further, data

Figure 2.Health System Components Linked with Health Worker Capacity Building



There needs to be strong capacity building in the areas of coordination, sectoral coordination, how to work with other parties, how to manage...appropriate planning, monitoring, evaluation…. So, we need special capacity building training in that aspect. -FMOH

Each year we do random follow up visits and the results of the visits are analyzed and utilized for actions within the project….To take corrective action we can't wait for baseline, midline, and endline assessment. We have to correct ourselves as early as possible. -IP

that are collected tend not to be used sufficiently in decision-making to improve programs. Staff at all levels need CB in data collection, data use, and assessing data quality. Frontline staff and managers, including on the local level, for example, should be capable of simple data collection and understand its use in informing system improvement. The FMOH has implemented DHIS-2 and eCHIS-2 to improve data quality and data use and Open Data Kit (ODK) to measure health worker performance. These digital systems need continued strengthening, and the data collected used throughout the sector.

RECOMMENDATIONS FOR MEASURING PROGRESS

- **Incorporate M&E plans into CB strategy.** Provide detailed standardized guidance on planning and implementing M&E for overall surveillance of the health system as well as for specific CB activities, as part of a national CB strategy. This would include details about key indicators; data sources and how data should be gathered, how often and by whom; and how these data should be used to guide decision-making in subsequent interventions. This guidance should detail how to incorporate rigorous M&E into all interventions from conception, including during the budgeting phase, so that the results contribute to the evidence base and are used to improve programs.
- **Leverage the use of emerging digital technology.** Use of digital technology can improve the quality and timeliness of data gathering/reporting methods, including in remote areas, and simplify linking them with existing health information systems.
- **Reinforce M&E competencies at all levels.** Engage M&E CB experts to help implement a training/performance support

We do have evidence, but we need to make it more organized and very structured…This year, our agenda is to make impact assessments of the different trainings provided. Each in-service training center will select their own priority and make assessments. We can use their results at the national level to assess how much training is effective, what kind of product shall we follow in the upcoming years, shall we stop making investments in that specific training or not. - FMOH

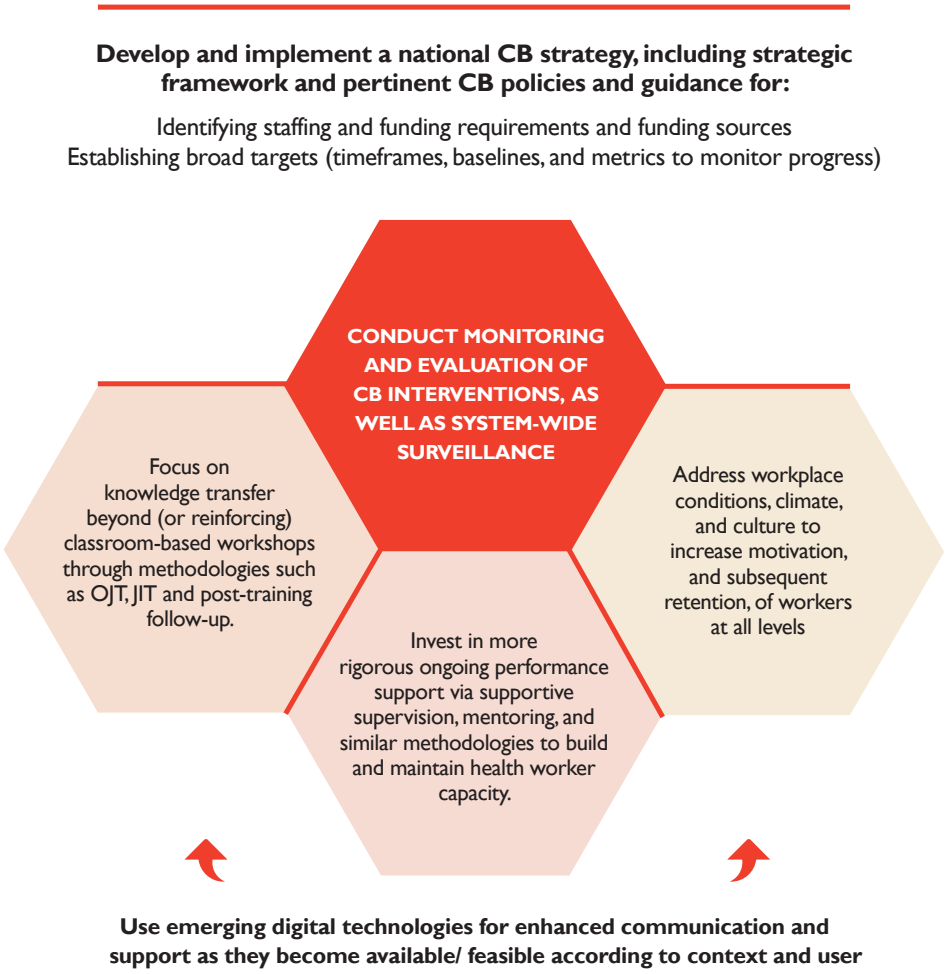
plan to build the capacity of government/IPs and health staff at all levels in M&E, data quality, and data for decision-making. Training can include existing online courses on M&E topics, blended with workshops, OJT performance follow-up, and JIT tools.

CONCLUSION AND WAY FORWARD

Capacity building is complex, but is an essential cross-cutting component of the Ethiopian health system. The recommendations presented here can be implemented by the FMOH and the IPs, with support from donors and other stakeholders (Figure 3). Local contexts and inequities (i.e., geographic, infrastructural) must be considered throughout the design and implementation of the interventions, and also when scaling those that have shown promise in other locations and/or contexts.

To be effective, CB is best accomplished through an interrelated series of activities and processes within the broader health system. To successfully build the capacity of the Ethiopian health workforce, all components of the system must operate in concert to produce a workforce that is knowledgeable, skilled, motivated, and supported. With these elements in place, Ethiopia will be well positioned to meet its health targets in the ensuing years.

Figure 3. Summary of Recommended Capacity Building Approach



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