Integrated Competency- Based In-Service Training for Health Extension Professionals: *Commentary on Training Need Assessment, 2012*

The front-line and key implementers of Health Extension Program (HEP) are Health Extension-Professionals (HE-Ps). The HEP was first introduced during HSDP II in 2003 in rural parts of the country to reach the community with a set of essential promotive preventive and curative health services. Following the implementation of rural HEP, the training and deployment of HEWs expanded to the pastoral regions in 2007 and urban areas in 2010. So far, a total of 17187 HPs constructed and 39878 HEWs trained and deployed[1]

Integrated Refresher Training (IRT) was started by mid- 2006 based on the recommendations of HEW and HP performance survey[2]; with the aim of Improving the skills and knowledge of the HEWs and as a result to help them provide quality health service to the community. Likewise, the standardized Urban IRT was implemented by mid- 2007 in urban settings of the country.

On the other hand the government has opened more opportunities for level 3 HEWs and genic entrants to join level 4 HEP- courses. These days, majority of the HEWs (60 %) have had a level 4 qualification.

List contents of the Second Generation Health Extension Program packages

- **Family Health**: EPI, Maternal and Newborn Health, Child Health, Family Planning and Adolescent Health and Nutrition packages: Newly added services are: Long acting family planning services (IUCD insertion, Implant insertion and removal), voluntary blood donation, delivery services and PMTCT
- **Diseases Prevention and Control:** Malaria, TB, HIV/AIDS and STI, NCDs, NTDs, Mental Health and Emergency management and/or First Aid. New Services are HIV Counseling and testing, promotive and preventive services on NCDs, NTDS and Mental Health
- **Environmental Health and Hygiene:** Personal Hygiene, healthy housing, Institutional hygiene, solid and liquid waste management, food and water hygiene. Newly added service is Institutional hygiene
- **Health Education and Communication:** New approaches included are: Social and Behavioral Change Communication, Social mobilization, School Health education, GALIDRAA/ORPA, group discussion (pregnant women conference), interpersonal communication, commemorating health days and advocacy

[1] Proceedings: HEP Optimization Advocacy Workshop; FMOH

[2] Ethiopia Health Extension Program Evaluation Study, Center for National Health Development in Ethiopia, Colombia University (CNHDE- CU, 2011; CNHDE

Second generation HEP consists of advanced health system in terms of governance, human resource, service delivery, infrastructure and logistics. Service packages include NCDs, Mental health, NTDs, Fistula care, Long term FP (IUCD and Implants), etc. It is obvious that these services are being provided by Level 4 HEWs who are said to be more competent than level 3 providers.
The purpose of this commentary is to highlight the need of competency- based In-Service Training (IST) for level 4 Health Extension- Professionals (HE-Ps) working in the rural areas of the country so as to improve the performances being provided by these professionals.

Why In- Service Training (IST)/ IRT?

Refresher training is a type of training offered when an update on knowledge or skills is required in a certain area due to change(s) in guidelines, scientific approach or when a person was trained so long ago that s/he loses her/his required knowledge and skills. However, Training Need Assessment (TNA) should be carried out in order to make sure that the observed performance gaps are due to lack of training. If so, TNA can be done using different data collection techniques which include direct observation, key informant interviews, self-assessments, focus group discussions, review of existing training evaluation data, and review of service delivery data[3].

Accordingly, different studies and reports have been reviewed on the skill and knowledge gaps of the providers (HE-Ps) and the new development in the program itself. As a result, the following key indications are identified to justify the provision of the training in a form of integrated refresher courses. Some of the justifications are:

- **Limited skills and knowledge of the providers:**
- **Changes in the program itself**
- **Need of providing competency based training**

Limited skills and knowledge of the providers:

The HEWs have served as the flagship professionals for Ethiopia's health workforce reform and are largely credited with Ethiopia's progress on maternal and child mortality. However,

TVET-level 4 Program Learning Outcomes

The expected outputs of this program are the acquisition and implementation of the following units of competence.

HLT HES401 0714	Manage Community Health Service
HLT HES402 0714	Manage Health Education, Advocacy and Community mobilization
HLT HES403 0714	Manage Common Communicable Diseases
HLT HES404 0714	Manage Common Non Communicable Diseases
HLT HES405 0714	Manage Hygiene and Environmental Health
HLT HES406 0714	Manage Child Survival, Growth and Development and apply IMNCI
HLT HES407 0714	Intervene Nutrition Problem

[3] National IST Implementation Guide for Health Sector. Ja

after ten years working at the village level, many HEWs are losing their motivation. The government has tried to address this through a one-year training program that brings the HEWs from Level 3 training to Level 4 training. *There is an opinion amongst some experts that the one-year training has been too theoretical and in need of quality improvement and that the HEWs emerged without new skills*[4]***.*** On the other hand, Level 4 HEP is designed to develop the necessary knowledge, skills and attitude of the learners as per the standard required by the occupation. The contents of the program are in line with the occupational standard. Learners who successfully completed the Program will be qualified to work as a Community Health Nurse with competencies elaborated in the respective OS[5].

Although level 4 HEWs were trained are back in their villages, there is no sign of new initiatives or activities. Many HEWs have not received additional tools (stethoscope, tension meter) when going back to their HPs. *The few interviewed did not seem to have mastered new skills or knowledge.* This is confirmed by the fact that many HEW have not been able to pass the formal Certificate of Competency (CoC) test as administered by the Government. *The section on Human Resources will expand on the quality of the trainings provided by the many health sciences colleges, notably mentioning the absence of competency-based training curricula*[6]

During HEP rapid assessment in 2017 and the subsequent supportive supervision visits, some of the HEWs itemized that they lost confidence to carry out skill- based services. They were not able even to do the simplest procedure, like measuring blood pressure[7] [8]**.**

Changes in the program itself

The HEP has been evolving over a period of time to become a flagship program and life saving for the community. Based on competency- related pitfalls observed in the first generation HEP and the ever growing health needs of the community, FMOH has taken a step to advance the program by designing and implementing the Second Generation HEP since 2015[9]. As mentioned earlier, the second generation HEP is more advanced than the first generation HEP. Therefore, it is impossible to use the same in- service training materials and strategies in the second generation HEP. It is, thus, compelling to revisit the whole system of IST in accordance to the requirement of level 4 HEP curriculums and National In-service Training Implementation Guide.

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[4], 6 Ethiopia's Health Sector Transformation Plan (HSTP) (2015/16-2019/20 or 2008 – 2012 EFY), Mid-Term Review, Volume I, Comprehensive Draft Report, 30 April – 30thjune 2018

[5] Ethiopian TVET-System. Model Curriculum For HEALTH EXTENSION SERVICE- Level IV Based on Occupational Standard (OS) *(Revised Version)* AUGUST 2015

[6]

[7] Federal Ministry of Health, HEP Optimization Assessment, 2017, Addis Ababa

[8] Health Extension and Primary Health Service Directorate, Supportive Supervision Report, February 2019

[9] Discussion Paper for Advocacy Workshop on HEP Optimization (unpublished). kebede Worku May, 2018; FMOH.

Need of providing competency based training

Competency Based Training (CBT) is a chosen and appropriate approach to train adults. It aims at equipping the learners with required knowledge, skill and attitude that enable them to effectively perform the activities as per occupational Standards (OS) of level 4 HEP; and as a result to improve their performances in terms of providing quality health services to their clients or communities

The role of "ASK" in CBT: Attitudes may influence how we respond to people and situation cognitively (e.g. how we assess a situation), emotionally (e.g. how we judge people), and behaviorally (e.g. what we actually do). Attitudes play an important role in enabling or hindering desired outcomes, including performing job competencies effectively.
Skills encompass experience and practice. Therefore they involve cognitive abilities (thinking, reflecting, analyzing, drawing conclusions, etc.) as well as deciding how to apply knowledge to accomplish a desired outcome. Skills alone without knowledge for problem can be ineffective or even dangerous, because a person may assume that skill is all about following rules/instructions no matter what the context is. Such a "skilled" person may have no ability or capacity to respond to situations outside of what she/he perceives to be the "normal" conditions.
As one of the aims of training is to improve performance and quality, knowledge needs to be considered both as: Factual knowledge i.e. the required information to perform a task well; and Knowledge for problem-solving i.e. the capacity to apply knowledge adaptively in order to respond to the context.
Knowledge for problem-solving (KPS) means that the training develops ability to select from a menu of ASK and adapt how they can be used according to different scenarios, even if those specific scenarios were not practiced in training. Unless training develops this ability for KPS, performance of competencies will not be fully achieved

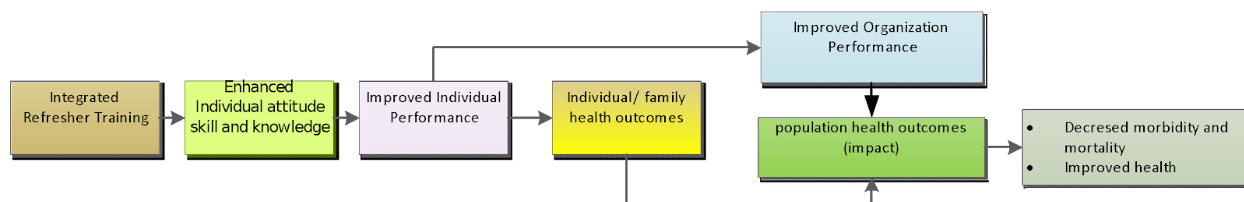

Fig. 1: Linkage of standard training to performance of the professionals and health outcomes of the population

Conclusion and Recommendations

Generally, the need of implementing IST/ IRT is inevitable for several reasons: Firstly, there have been notable skill gaps in level 4 HE-Ps as their upgrading courses

employed lecture- based training methods. Secondly, the program itself (HEP) has been advanced in terms of its service packages and educational level of the providers and requires advanced trainers and training modules. Thirdly, using competency based standard training approach is crucial to enhance attitude, skills and knowledge of the providers so as to help them provide quality services to their clients and communities. With these justifications, therefore, Health Extension and Primary Health Service Directorate in collaboration with other Directorates needs to implement the said training as per the roadmap.