Technical assistance embedment approach for health systems strengthening support

L10K'S CAPACITY BUILDING EXPERIENCE

ABSTRACT

Introduction

Ethiopia's ambitious health goals for 2030 can be achieved with a well-qualified, motivated, and adequate health workforce. Since 2017, the Last 10 Kilometers project (L10K), implemented by JSI Research & Training Institute, Inc. with funding from the Bill and Melinda Gates Foundation, has embedded Technical Assistants (TAs) at the federal Ministry of Health (MOH), Regional Health Bureaus (RHBs) in the four agrarian regions, and 15 Zonal Health Departments (ZHDs) to build the capacity of the existing clinical and managerial health staff through training, mentoring, coaching, and integrated supportive supervision within the existing health system.

Methods

L10K conducted a case study to document how effective the Technical Assistance (TA) development and implementation process was in building clinical and managerial capacity at regional levels to then flow down to the community level. The project recruited thirty study participants from two MOH directorates, four RHBs, and four ZHDs from the four agrarian regions. Participants included TAs, their co-workers, and their supervisors. In this context, TAs are health professionals with experience related to community engagement and quality improvement deployed based on a capacity gap assessment to strengthen the capacity of MOH, RHBs, and ZHDs. Rather than replacing any specific roles, TAs support staff to implement the health sector transformation agendas. L10K technical experts conducted in-depth interviews with each respondent using semi-structured interview guides. Audio of all interviews was recorded, transcribed, translated, and thematically analyzed.

Results

Study participants indicated that the TA embedment approach is unique because it is demand-driven, with competent, experienced, fully engaged TAs deployed based on a capacity gap assessment, as compared to TAs hired through the more typical secondment approach. When seconded, TAs replace the roles of permanent staff rather than building their capacities. With the embedment approach, TAs support the MOH,

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RHBs and ZHDs in establishing and revitalizing technical working groups, designing outreach activities, initiating system-to-system support,[1] and facilitating experience sharing visits. TAs tended to provide more hands-on support to counterparts at the RHBs and ZHDs compared to the MOH level.

The study showed that the TA embedment approach resulted in the transfer of knowledge and skills from TAs to their co-workers as a result of side-by-side engagement as opposed to directly doing the work. In addition to building staff capacity, TAs at demonstration zones[2] worked with board members at hospitals and health centers to strengthen centers of excellence and facilitate political support for their full implementation at scale. TAs added value by keeping focus on progress toward the transformational agendas, such as revitalizing woreda transformation, rolling out the national quality strategy, addressing equity in low performing/equity zones,[3] and generating evidence for local decision making.

Conclusion

The TA embedment approach has helped ZHDs and RHBs to make marked progress in building staff capacity. However, some TAs still lapsed into the secondment model of replacing staff counterpart roles instead of strengthening their capacity within their roles and the larger system. Avoiding this will maximize the impact of the TA embedment approach in future undertakings. TA embedment could be more effective and have long-lasting effects if the approach is supported by other health system actions, such as the hiring of TAs with different professional backgrounds, coupled with mechanisms to motivate staff to reduce high turnover.

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[1] System-to-system support refers to twinning of high performing and low performing zones/Woredas/facilities through facilitating hands-on training and coaching (e.g., from high performing to low performing areas while experience sharing visit has been happening from low performing to high performing areas).

[2] These are sub-regional administrative areas where selected health care facilities—one general hospital, one primary hospital and one Primary Health Care Unit (PHCU), and all health posts under the selected PHCU—would be centers of excellence (COE) and act as a role model or as a learning hub to other zones and facilities within the region in the areas of high-quality clinical care provision, health service management, and community engagement.

[3] These are sub-regional administrative areas with performance in health and population outcomes consistently below their respective regional averages.

INTRODUCTION

Ethiopia has set ambitious health goals to achieve by 2030, which align with the Sustainable Development Goal (SDG) targets and have been integrated in Ethiopia's five-year Health Sector Transformation Plan (HSTP-I) (2015-2020). The country committed to achieving universal health coverage to reduce the maternal mortality ratio from 353 to less than 70 per 100, 000 live births; the newborn mortality rate from 29 to 12 per 1,000 live births; the under-five mortality rate from 67 to 25 per 1,000 live births; and to end the epidemics of tuberculosis, HIV, and malaria by 2030.[4,5,6] The MOH developed clear policies and strategies to achieve these targets in the next ten years.

Achieving the goals of the HSTP-I within the four transformation agendas (woreda transformation, equity and quality or care, compassionate and respectful care, and information revolution) requires[7] a well-qualified, motivated, and adequate health workforce within a well-connected and resilient health system infrastructure. To support these goals, L10K has been building the health workforce capacity through a TA embedment strategy in the four agrarian regions (Amhara; Oromia; Tigray; and Southern Nations, Nationalities, and People's Region [SNNP]).

Technical assistance is one of the most commonly employed mechanisms in development programs.[8] However, there is a critical gap of evidence on its effectiveness and implementation lessons. This is mainly attributed to the difficulty of using conventional or routine monitoring and evaluation systems to measure the impact of long-term personal relationships.[9,10] Despite the challenges, L10K has attempted to document lessons from the process and outcomes of technical assistance and how the relationships between TAs and their counterparts affect how staff do their work.

PROJECT OVERVIEW

In October 2017, in line with the Bill and Melinda Gates Foundation Ethiopia Integrated Health Plan, L10K began embedding TAs within the MOH, RHBs, and ZHDs in the four agrarian regions to enhance their capacities to support woredas and ensure the implementation of the HSTP-I transformation agenda. As part of developing the health systems support strategy, including the TA embedment approach, L10K employed the human-centered design (HCD) approach[11] through a series of consultations and co-creation workshops with RHBs and ZHDs. Informed by the co-designing process, systemic barriers to equitable access and utilization of quality

4 Central Statistical Agency, & ICF. (2016). Ethiopia Demographic and Health Survey 2016 Addis Ababa, Ethiopia, and Rockville, Maryland, USA.

5 National Planning Commission. (2017). The 2017 Voluntary National Reviews on SDGs of Ethiopia: Government Commitments. National Ownership and Performance Trends.

6 United Nations. (2017). The Sustainable Development Goal indicators Retrieved 9 February 2020 https://unstats.un.org/sdgs/metadata/

7 Ministry of Health. (2015). Health Sector Transformation Plan: HSTP 2015/16-2019/20. October 2015.

8 Roz Price. 2019. Technical assistance and capacity building in institutional reform: lessons learned: Help desk report. Institute of Development Studies, 1 October 2019

9 ICF (2016). Evaluation of the Technical Assistance Component of DFID India's Education Portfolio: Final Report – Main Report. London: ICF Consulting Limited. http://iati.dfid.gov.uk/iati_documents/5741745.pdf

10 Cox, M., & Norrington-Davies, G. (2019). Technical assistance: New thinking on an old problem. Open Society Foundations. London: Agulhas Applied Knowledge. http://agulhas.co.uk/wp-content/uploads/2019/02/OSF-Landscaping-Study-on-TA-final-version-2.pdf

11 Human Centered Design (HCD) is a collaborative problem-solving approach and process with a set of creative techniques to develop new solutions through empathetic understanding of people's context (ww.ideo.org).

reproductive, maternal, newborn, and child health (RMNCH) services were not only identified, but also explored from the end-user perspective.
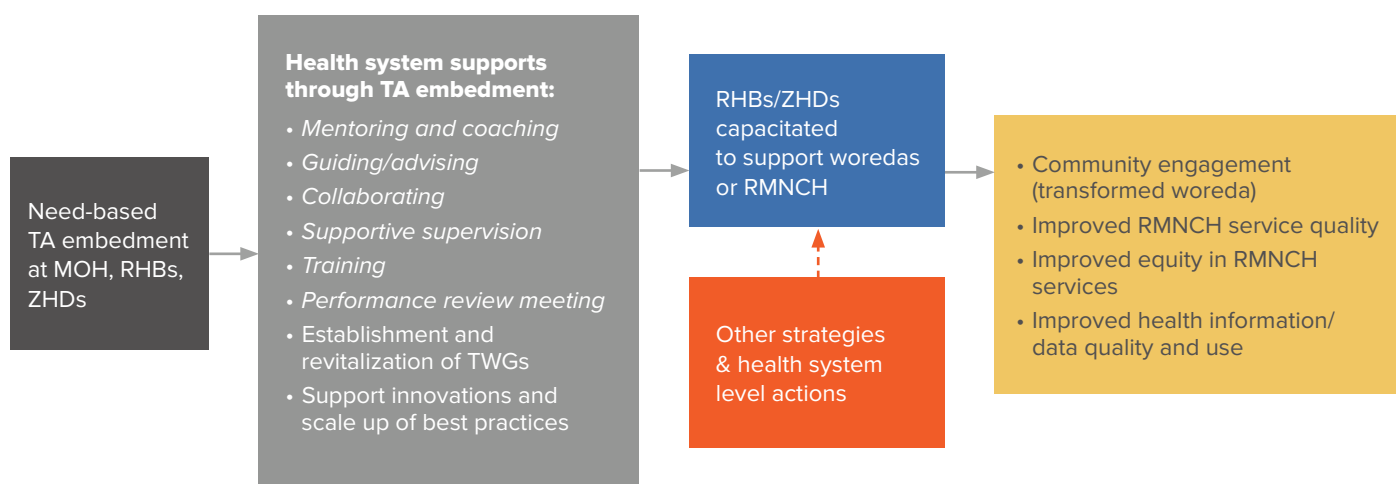
The existing technical assistance approach

The TA approach of seconding staff provided by partners is not meeting the needs of the regions. This approach is not often designed jointly by the hiring development partners and the hosting organizations (i.e., the MOH, RHBs, and ZHDs). It does not usually follow a systematic needs-based deployment procedure and the TAs usually play the roles of the experts in the host organization rather than building the capacity of staff through structured gap assessments and joint action planning. At times, the TAs hired through the secondment approach may not have higher skill levels than the staff in the system which makes skill transfer efforts difficult. As a result, health system strengthening efforts may not be sustainable or have long-term impact.

L10K's TA embedment approach

During the co-designing process, L10K, the RHBs, and ZHDs identified building the capacity of the health system through TA embedment a strategic approach that can address gaps in skills and knowledge. L10K co-designed the TA embedment approach and its implementation manual with the RHBs and ZHDs through task mapping to identify capacity gaps and skills profiles. The RHBs led the development of job descriptions, recruitment processes, and hand-over processes.

The primary role of the embedded TAs is building the health workforce capacity at MOH, RHBs, and ZHDs. The knowledge and skills staff at these levels gain or improve will then flow down to the woreda level health staff they supervise. The woreda staff in health offices and lead hospitals will build the capacity of the RMNCH workforce at selected health centers health posts (i.e., Health Extension Workers), who then work with the WDAs. The intervention impacts the entire health system,

FIGURE 1: TA embedment change pathway to capacity building

Need-based TA embedment at MOH, RHBs, ZHDs

Health system supports through TA embedment:
- *Mentoring and coaching*
- *Guiding/advising*
- *Collaborating*
- *Supportive supervision*
- *Training*
- *Performance review meeting*
- Establishment and revitalization of TWGs
- Support innovations and scale up of best practices

RHBs/ZHDs capacitated to support woredas or RMNCH

Other strategies & health system level actions

- Community engagement (transformed woreda)
- Improved RMNCH service quality
- Improved equity in RMNCH services
- Improved health information/data quality and use

including the MOH, RHBs, ZHDs, woreda health offices, health facilities, and the community health system. It is expected to improve health workforce capacity and achieve high-quality clinical care, narrow inequalities, improve data quality and evidence-based decision making, and, ultimately, lead to transformed woredas.[12]

L10K developed the following tools with the RHBs and ZHDs to guide the systematic and need-based deployment of the TAs.

1) **Immersion and gap identification guide to identify capacity building needs:** The gap assessment guide was used to assess the TA needs of RHBs through in-context conversations according to criteria or assessment questions on team composition, working relationships and their effectiveness, and capacity gaps around woreda transformation, quality improvement, equity, and use of health information.

2) **TA implementation guide with Memorandum of Understanding (MOU) and generic TOR:** The TA implementation guide was developed with the RHBs and includes job descriptions co-designed and developed with RHBs; TA provider screening and selection, induction and orientation procedures; deliverables expected from TAs; performance management and monitoring frameworks; and an hand-over processes for the end of the TA's assignment. TA induction sessions were organized before deployment to orient TAs on L10K's health system strengthening project, their roles, and administrative and financial topics.

3) **Health system capacity assessment checklist:** L10K and the RHBs collaborated on the health system capacity assessment checklist to be used by TAs to identify the health system capacity gaps at RHBs and ZHDs. The TAs use findings to develop TA action plans with timelines and clear deliverables.

4) **TA task mapping and assessment tool:** This is a simple guide used to identify the responsibilities and tasks of the specific unit where TAs would be placed; the strengths, weaknesses, and competencies of the respective unit; the competencies required to address the tasks of the respective unit; and the desired skill sets to be introduced through the TA. The findings of the quick task mapping and assessment were also used as inputs to prepare job descriptions and to facilitate rapid recruitment and deployment.

METHODS

In April 2020, L10K conducted a case study supported with a literature review to document the learning from L10K's TA embedment approach. Study participants were recruited from two MOH directorates, four RHBs, and four ZHDs from the four agrarian regions. One TA, one counterpart, and one supervisor from each location participated in the study, for a total of 30 study participants. L10K conducted in-depth interviews with each respondent using semi-structured interview guides. L10K coded the transcripts, conducted thematic analyses, and summarized findings.

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[12] According to the HSTP-I (2015-2020), a transformed woreda is expected to have an accountable and transparent governance system that nurture meaningful community participation and strives to meet the needs of the people, make data-informed decisions, apply evidence-based frameworks to systematically identify bottlenecks and scale-up best practices to address them, and achieve universal health coverage.

RESULTS

Evaluation findings are in line with the study objectives which focused on the approach's relevance to priority needs, its implementation fidelity, and its effectiveness in achieving intended project objectives to build capacity at different health system levels.

Need-based and transparent TA embedment approach

TAs, their co-workers, and their supervisors described how the TA embedment approach was demand-driven and implemented following adequate consultation between L10K and the RHBs and ZHDs. Key informants at the RHB/ZHD level reported that the TAs competently and confidently met RHB/ZHD needs with the right skills and that they were well-informed about their role and responsibilities and their accountability to both L10K and the RHB.

According to a key informant from Amhara Region, "… the embedment of TAs was need-based, participatory, and TAs have clearly stated deliverables."

The quality director from the SNNP RHB said, "… highly technical senior professionals were recruited to support the quality and woreda transformation agendas."

An informant from Oromia said, "The technical support we were getting has been great and therefore, I think the TA mapping was great in identifying the right person…"

The Human-Centered Design (HCD) process ensured the design of TA support addressed the priorities of the regions including the existing gaps, the implementation challenges in the existing TA seconding approach, and the need to develop and implement the TA approach jointly with the health system to maximize impact.

> ".... From the beginning, TAs [from L10K] are highly skilled, competent, and committed. They are good at time management, too. The other distinguishing feature of the L10K TAs is using a unique problem-solving approach which is called the Human-Centered Design approach. Such a type of approach is not practiced by other organizations. They [L10K] conducted task mapping exercise to build capacities of co-workers…"
>
> —SUPERVISOR FROM RHB

Respondents were asked how the L10K TA embedment approach was different from the TA secondment approach of other implementing partners. Per the feedback from TA supervisors, TAs from L10K have been accountable and committed compared with TAs hired through the traditional secondment approach, which might be attributed to the recruitment process.

> One unique thing is that TAs are being evaluated properly for their competency before they are hired… In the past, TAs who were hired at this directorate did not have better knowledge and skills than our co-workers. Those so-called TAs were not competent but getting paid more than their workmates at the directorate. That created a difficult working atmosphere… Now, things are different. It is not like the previous time where things were done haphazardly. Not everyone gets accepted to work as a TA. Even the directorate can participate during the hiring process… we were part of the hiring process and that made the TA embedment process unique...."
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> —SUPERVISOR FROM MOH

Implementation fidelity of the TA embedment program

Generally, the TA embedment approach was implemented in line with the design and the priority areas of the project. Apart from building the capacity of the staff, TAs at demonstration zones worked with board members of hospitals and health centers to establish and strengthen Centers of Excellence, facilitate/solicit leadership support, and ensure sustainability. TAs provided mentorship and supervision support to strengthen linkages and referrals between health posts, health centers, and the primary hospitals; coordinated six rounds of mentorship support from hospitals to health centers and from health centers to health posts; conducted skills gap assessments for facility level staff; and facilitated clinical skills demonstration or practice sessions at the skills labs of the Center of Excellence sites. TAs employed multiple approaches to build the capacity of their co-workers and thereby ensure knowledge and skill transfer, including phone-based and on-site mentoring and supportive supervision.

❝ The TA has met our expectations. He is so innovative, productive in community engagement, and in ensuring equity, [health service] quality, data quality, and others... He built the capacity of the staff... The TA is an engine for the health system and has an irreplaceable role in the process of achieving the HSTP transformation agendas. If you ask me: is there a gap? Yes, there is still a gap. If you ask me: would the health system collapse without his involvement? I would say "No" as we have already made the system stronger and capacitated it."
–SUPERVISOR FROM AN EQUITY ZONE

In some cases, TAs have been replacing the roles of co-workers instead of building the capacity of the health system, most often because of inadequate staffing to cover the routine activities. Other reasons include interests of hosts (i.e., MOH, RHBs, ZHDs), requests to engage in emergent activities from higher officials, unanticipated events including instability due to security problems, and health emergencies.

❝ ... For various reasons, TAs have been forced to work out of their scope of work several times. One is when there is a gap because of a lack of adequate staff at the Ministry of Health to implement routine activities [activities that should be covered by the staff of the MOH]. The second is the existing perception from the staff [of the MOH] that the TAs should do everything. The third is when there are emergent activities that need the involvement of everyone including TAs."
–TA FROM MOH

Effectiveness of TA support in building the capacity of the health system

Successful knowledge and skill transfer
TAs employed various learning platforms to build the capacity of co-workers including mentoring and coaching, planning meetings, supportive supervision, training facilitation with co-workers (i.e., guiding them while organizing training); and performance review meetings. Respondents reported meaningful knowledge and skill transfer from TAs to co-workers. TAs also trained focal people, such as quality focal people at primary and general hospitals, on mentoring and coaching other health care providers on how to organize performance review meetings and analyze and use

of data for timely decision-making. When security risks made field travel difficult, TAs provided phone-based mentoring to maintain their support to their co-workers.

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❝ To be honest, I didn't have any knowledge and information about quality improvement before the embedment of L10K TAs. The only thing I knew was that there was a word 'quality' among the four transformation agendas of the HSTP. Apart from that, I didn't know what quality improvement mean? How can we design quality improvement projects? I didn't know anything about the 'Kaizen' and the PDSA [Plan-Do-Study-Act] cycle. But right after the embedment of L10K TAs, I am very capacitated on how to design a quality improvement project, and how I can implement quality improvement projects."
—CO-WORKER FROM A ZHD

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Renewed commitment to HSTP priorities
According to interviewees, L10K 2020's TAs contributed to revitalizing woreda transformation, rolling out the national quality strategy, addressing equity in low performing zones, and generating evidence for local decision making.

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❝ L10K provides highly qualified staff that are well-informed on the specific areas of engagement and contributed as such. I highly value the support provided to the HEP and PHC directorate through the embedded staff and the staff coming from L10K central office"
—HEP AND PHC DIRECTORATE DIRECTOR

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Re-activated technical working groups
In low performing zones, TAs have been instrumental in supporting the zones through establishing or revitalizing TWGs, designing outreach activities, initiating system-to-system support,[13] and facilitating experience sharing visits. Key informants from the RHB research units in Amhara and SNNP regions appreciated the technical assistance provided to capacitate their staff in developing research proposals, conducting operations research, synthesizing data, and producing reports.

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❝ We received intensive …. logistic and financial support to accomplish the regional research agendas. L10K supported in providing on-the-job training by deploying an experienced consultant. This capacity-building approach was more helpful in acquainting us with research skills than any research trainings we attended previously. The consultant coached us and helped us analyze, interpret, and write report by ourselves. Therefore, those engaged in this capacity-building process are RHB's assets. If L10K withdraws, we can say capacity is created here at the institute."
—SNNP RESEARCH UNIT DIRECTOR

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Strengthened planning and management practices
TAs also played a vital role in the development of strategic plans, guidelines, and manuals, and in adapting integrated supportive supervision (ISS) checklists. With regards to the adaptation of the ISS tools, informants from SNNP RHB mentioned that they have applied HCD to revisit the ISS approach. They expressed that HCD has helped them to critically analyze the current ISS practice. The quality director at the RHB stated that "… we

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[13] System-to-system support refers to twinning of high performing and low performing zones/woredas/facilities through facilitating hands-on training and coaching, i.e., from high performing to low performing areas, while experience sharing visit has been happening from low performing to high performing areas.

applied HCD process and it has helped us to forge understanding and harmony between RHB staff and health workers at the lower health system. It also brought recommendations on how to solve these barriers." The prototype solutions developed to improve ISS largely focus on improving interpersonal relationships between the supervisor and supervisee; revising the tools to make them more precise, outline vital steps, and incorporate action planning template; and strengthen the follow-up of action points outlined after supervision sessions.

TAs have also participated in developing the pastoral HEW program strategies, HSTP-II planning, standardization of training manuals, developing agendas and organizing performance review meetings, and piloting the multi-sectoral coordination guideline for a woreda level project that was initiated by MOH to test the effect of multi-sectoral engagement in ensuring woreda transformation.

> " The TA participated in the development of many tools. The Quality Improvement strategy tool is one of them. He also participated principally on the regional strategic plan, health center reform implementation guideline, and woreda transformation guideline. There are also other tools. For instance, he was part of the group who developed the referral directory."
> —CO-WORKER FROM A RHB

The overall feedback from MOH, RHBs, and ZHDs is that TAs from L10K have strong knowledge and skills on systems support that can support the directorates to drive key initiatives in the future. The major contributions of L10K 2020 through its technical assistance embedment approach are summarized in Annex 1.

TA implementation challenges

There have been a range of challenges faced during the implementation of the L10K TA embedment approach.

- TAs do not consistently conduct capacity gap assessments before doing capacity building activities.
- Lack of resources, especially for transportation, have impacted how mentors from hospitals reach health centers.
- Poor leadership support and lack of accountability at the woreda level have impacted the work of TAs.
- Some co-workers lack the readiness to learn from TAs.
- Disruptions due to political instability at the woreda level restricted the movement of TAs at the zonal and woreda levels.
- The shortage of staff at different levels of the health system, emergent activities, and too many ad hoc requests at times distracted TAs from doing capacity building activities.
- High staff turnover affected the capacity building effort as new staff members could not fully benefit from capacity building support towards the end of the project period.
- Insufficient advocacy for the deployment of more TAs at the lower levels to help support significant changes within the Ethiopian Health System.

Lessons learned and future implications

The TA embedment approach has effectively built health sector capacity within RHBs and ZHDs, as well as the MOH. Engaging board members of health facilities in addition to building the capacity of the staff has played an important role in strengthening Centers of Excellence and facilitating political support for an anticipated

institutionalization of the Center of Excellence initiative. Phone-based mentoring, particularly when field travel was restricted, helped TAs reach more health workers and HEWs within shorter time intervals in geographically vast areas.

Overall, TAs had more active roles in routine RHBs and ZHDs activities as compared with higher-level involvement at the MOH level. Variations were also observed between departments within the same organization. Despite the remarkable TA work to date, some TAs have still been replacing the roles of the staff. The TA embedment could be more effective and have a long-lasting effect if it is supported by other health system actions, such as the hiring of TAs with different professional backgrounds and developing staff motivation mechanisms to improve performance and reduce turnover.

Programmatic implications and recommendations

The major programmatic implications of the evaluation findings and associated recommendations are presented as follows.

The intensity of capacity building: To gain maximum benefit from the TA embedment approach, MOH, RHBs, and ZHDs should abide by the principles of engaging TAs for capacity building, rather than replacing the roles of staff or experts within the departments. TA activities should align with the roles and responsibilities and the TA embedment procedures as stated in the co-created TA Embedment Implementation Manual, with ad hoc activities strategically integrated into TA plans.

Deployment, induction, and briefing: Provision of adequate induction and orientation to newly-deployed TAs is one unique feature of the embedment approach. Due to high staff turnover, newly-deployed supervisors at RHBs and ZHDs have limited knowledge of the approaches and the intended goals of TA embedment. Hence,

all new directors and department heads should be briefed soon after assuming their new positions on the TA embedment approaches, objectives, and ultimate goals.

Interruption of the capacity building TA effort: Many respondents reported interruptions while implementing their TA projects because of multiple unanticipated challenges, including security issues, infrastructure challenges, staffing shortages, and public health crises. Such disruptions affected the fidelity of the project.

- In designing health system projects like these, program designers should anticipate disruptive factors at the design stage. Feedback loops should be in place and measures should be taken when there are disruptions. For example, Technology-based support can be provided when there are road blockages and/or other travel restrictions.
- For future TA embedment strategies, internal and external contexts should be closely monitored in the process of building the capacity of the health system. Analyzing the internal and external context will allow program implementers to adapt activities and implement their plans with disruption contingencies in place.

Employing a holistic TA approach: Review of project documents showed that the project design encourages TAs be more focused on standard, pre-defined, and tactical strategies, linked directly to goals and achievements. This could be enhanced by increased emphasis on planning, articulating the big picture, recognizing patterns and trends, and anticipating issues. This will ensure that TAs help departments to operate well within the dynamic nature of the health system.

TA embedment should follow a mix of content and relationship-based approaches. The content-driven approach will help to follow

a standardized technical assistance process while the relationship-based approach will help build trust between TAs and co-workers and facilitate behavior and system change. In addition, periodic evaluation is necessary to determine whether TAs are working in line with the initial project design through the existing platform that involves TAs, supervisors, and partners, such as L10K regional managers.

The need for woreda level system support: TAs from demonstration and equity zones reported gaps in leadership commitment and lack of accountability at the woreda level which hampered the translation of knowledge and skills into practices. Unless the woreda health leadership is transformed, the efforts to transform woredas will be a futile exercise.

• Parallel to TA support at RHBs and ZHDs, woreda leadership must be engaged with leadership training, experience sharing, and mentoring.

Strengthening mentorship and coaching support: TAs have been providing mentorship training to health care providers at primary and general hospitals. After receiving the training, health care providers at lead hospitals were expected to provide mentorship support to health care providers at health centers in their catchments. However, this study revealed that some health care providers were unable to conduct mentoring because of a lack of resources, such as money and vehicles. Unless there are adequate resources, efforts made by TAs may not be translated into practice or actions.

• TAs could be more effective if they are supported by other health system actions, such as the allocation of adequate resources by government bodies and through partnership and collaboration with other organizations.

Implications for further research

The TA embedment approach has a short term, intermediate, and long-term outcomes (Figure 1). It aims to strengthen the health system to provide high-quality clinical care, ensure equity, and facilitate woreda transformation. The study showed that the TA embedment approach resulted in the transfer of knowledge and skills from TAs to co-workers, as reported by TA counterparts. Yet L10K was unable to estimate the effect size and also failed to estimate changes in behaviors of co-workers as a result of TAs support. Further study is warranted to quantify the impact of TA embedment on the knowledge and skills of co-workers and to estimate the contribution of TA support to the implementation of the HSTP transformation agendas and the changes in the behaviors of co-workers in planning, implementing and evaluation of key RMNCH interventions.

REFERENCES

1. Central Statistical Agency, & ICF. (2016). *Ethiopia Demographic and Health Survey 2016* Addis Ababa, Ethiopia, and Rockville, Maryland, USA.

2. National Planning Commission. (2017). The 2017 Voluntary National Reviews on SDGs of Ethiopia: Government Commitments. *National Ownership and PerformanceTrends.*

3. United Nations. (2017). The Sustainable Development Goal indicators Retrieved 9 February 2020 https://unstats.un.org/sdgs/meta-data/

4. World Health Organization, & Unicef. (2015). Trends in maternal Mortality: 1990-2015: Estimates from WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.

5. Minstry of Health. (2015). Health Sector Transformation Plan: HSTP 2015/16-2019/20. October 2015.

6. World Health Organization. (2006). The world health report 2006: working together for health: World Health Organization.

7. World Health Organization. (2016). Global strategy on human resources for health: workforce 2030.

8. Roz Price. 2019. Technical assistance and capacity building in institutional reform: lessons learned: Help desk report. Institute of Development Studies, 1 October 2019

9. ICF (2016). Evaluation of the Technical Assistance Component of DFID India's Education Portfolio: Final Report – Main Report. London: ICF Consulting Limited. http://iati.dfid. gov.uk/iati_documents/5741745.pdf

10. Cox, M., & Norrington-Davies, G. (2019). Technical assistance: New thinking on an old problem. Open Society Foundations. London: Agulhas Applied Knowledge. http://agulhas. co.uk/wp-content/uploads/2019/02/OSF-Landscaping-Study-on-TA-final-version-2.pdf

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