Author’s response to reviews

Title: The New Middle Level Health Workers Training in the Amhara Regional State of Ethiopia: Student's Perspective.

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Version: 2 Date: 16 Aug 2002

PDF covering letter
Response to Reviewer: Prof Cynthia Haq

Title: The New Middle Level Health Workers Training in the Amhara Regional State of Ethiopia: Student’s Perspective.

Dear Prof Haq,

Thank you very much for your constructive comments. Please find herewith our response to your comments point by point.

- The students and their educational programs are now described in detail under two different subtitles in the methods section (Enrolment of the students for the training programs and the organization of the training programs). Additions are underlined.

**Enrollment of Students for the Training Programs:** Following a public notice self-presenting high school graduates are screened at a zonal level committee using a set of criteria. The Regional Health Bureau sends the set of criteria. The criteria include at least a pass mark (grade C) in Biology in the National School Leaving Certificate Examination (ESLCE), healthy physical appearance and proof of being unemployed. Those students who are successfully screened will be subjected to an entrance examination prepared by the regional health bureau. The students should score a passing mark to enroll the health worker training schools.

**The Organization of the training Programs:** The schools give training in five disciplines: Junior Clinical Nursing, Junior Public Health Nursing, Junior Midwifery, Junior Laboratory Technician and Junior Pharmacy Technician training. The Federal Ministry of Health of Ethiopia developed the curriculum for the training. The current training period is 12 months comprising both the theoretical and practical aspects. The
first three months are allocated exclusively for the theoretical and conceptual component of the training. The next six months mix both the clinical practice and the theoretical aspects. The last 3 months is devoted for the field practice in which students are dispatched into nearby, mostly urban oriented health institutions of the region with their teachers. The field practice mainly focus on their prime area of qualification. Students are continuously evaluated throughout their training and are graduated without final or qualifying examination (personal communication, Director of Debre Tabor school, 2000).

The teachers were mainly diploma holder sanitarians and nurses. Teachers were recruited based on personal applications, the main motive of which was a ‘better’ urban working place. There were no teaching allowances of any type. For non-medical courses teachers were recruited from neighboring high schools and other related institutions.

- The conclusions and recommendation are now rephrased to be more specific as follows:

**In abstract section:**

The study showed that the students are highly motivated, wish to address the health needs of rural communities, and are interested in professional development. However, the training programs are not fully addressing student’s needs. The students found that the duration of training, the time for theory and practice, the availability of teaching materials, the course contents and their teachers to be inadequate. This study would suggest that the current programs have serious inadequacies that need to be addressed.

**In conclusion section:**

Further studies that address the training programs in terms of the learning process and the teaching environment in the Amhara and the other regional states of the country are essential.

- The language structure has been reviewed all over the manuscript.
Response to Reviewer: Prof James Rourke

Title: The New Middle Level Health Workers Training in the Amhara Regional State of Ethiopia: Student’s Perspective.

Dear Prof James Rourke,

Thank you very much for you constructive comments. Please find underneath our point by point response to your comments.

Abstract section: Comment is taken and the conclusion section of the abstract is rephrased as follows:

Conclusion: The study showed that the students are highly motivated, wish to address the health needs of rural communities, and are interested in professional development. However, the training programs are not fully addressing student’s needs. The students found that the duration of training, the time for theory and practice, the availability of teaching materials, the course contents and their teachers to be inadequate. This study would suggest that the current programs have serious inadequacies that need to be addressed.

Introduction section:

➢ The introduction is now expanded and pertinent new references (references 4, 5 and 6) are added.

The training of community oriented and auxiliary health workers offer the best prospect of meeting the health needs of communities and to enhance primary prevention of disease in many developing countries\(^\text{(4,5)}\). Furthermore, using such categories of health workers improve the cost effectiveness of the health care system by reaching potentially underserved communities with high impact primary health programs. However, they require substantial support for training, management, supervision and logistics\(^\text{(6)}\).
The health policy that Ethiopia is using was introduced in 1993 and has been functional ever since. The sentence is now rephrased to avoid ambiguity as follows:

The national health policy of Ethiopia which has been introduced in 1993, likewise, prioritized on…. 

**Results section:** A new table is now added (Table 5) to give a more complete picture of the ratings of the students about the language, pedagogic skills and knowledge of their teachers.

Table 5. Rate of Selected Capacities of Teachers by Schools, Middle Level Health Workers Training, Amhara Regional State, Ethiopia, February 2000.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Rate</th>
<th>Total (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Language Capacity</strong></td>
<td>Very good</td>
<td>52(35.9)</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>49(33.8)</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>43(29.7)</td>
</tr>
<tr>
<td></td>
<td>Bad</td>
<td>1(0.7)</td>
</tr>
<tr>
<td><strong>Knowledge of subject</strong></td>
<td>Very good</td>
<td>62(42.8)</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>60(41.4)</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>23(15.9)</td>
</tr>
<tr>
<td></td>
<td>Bad</td>
<td>-</td>
</tr>
<tr>
<td><strong>Pedagogic Skills</strong></td>
<td>Very good</td>
<td>59(40.7)</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>54(37.2)</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>30(20.7)</td>
</tr>
<tr>
<td></td>
<td>Bad</td>
<td>2(1.4)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>145(100)</strong></td>
</tr>
</tbody>
</table>
All other suggested structural changes are taken and incorporated into the revised manuscript.

**Discussion section:** The suggested limitation of the study is now elaborated in the first paragraph of the discussion section as follows:

Another limitation of our study could be that the study addressed the learning process of these middle level health workers, which definitely incorporates knowledge and skill acquisition, only from the angle of the perspective of the students without any objective measure or field examination.

The second paragraph is rephrased and moved into the introduction section.