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MINISTRY OF HEALTH-ETHIOPIA

# *Workplace Health Promotion Guideline*

*March, 2025*

## Table of Contents

Acknowledgment .....	ii
Foreword	
<b>SECTION ONE:- INTRODUCTION .....</b>	<b>1</b>
1.1 Background .....	1
1.2. Rational of the guideline .....	3
1.3. Purpose of the Guideline .....	4
1.4. Guiding principle .....	4
1.5. Scope of the Guideline .....	5
1.6. Users of the Guideline .....	5
<b>SECTION TWO:- Health Promoting Workplace Packages .....</b>	<b>6</b>
2.1. Sexual and Reproductive Health (SRH) and gender-based violence (GBV) .....	6
2.2. Emergency at Workplace .....	7
2.3. Communicable diseases .....	9
2.4. WASH .....	9
2.5. Occupational hazard .....	9
2.6. Non-communicable diseases (NCDs) and Mental, neurological, and substance use (MNS) .....	10
2.7. Mental, neurological, and substance use (MNS) .....	10
<b>SECTION THREE:- PLANNING AND IMPLEMENTATION .....</b>	<b>17</b>
3.1. LEADERSHIP AND GOVERNANCE .....	17
3.2. Resources for the Health Promoting Workplace plan .....	18
3.3. Workplace committee and health coordinator .....	18
3.4. UNDERSTAND THE WORKPLACE CONTEXT/ SITUATIONS.....	18
3.5. PRIORITIZE THE IDENTIFIED WORKPLACE HEALTH ISSUES. ....	19
3.6. Possible Health Promoting Workplace Implementation Strategies .....	20
3.7. Health Promoting Workplace Operational Plan .....	22
<b>SECTION FOUR:- Monitoring and Evaluation .....</b>	<b>23</b>
4.1. How to set health promoting workplace indicators .....	23
4.2. GAUGE THE FUNCTIONALITY OF HPW .....	25
4.3. Data Source for Monitoring and Evaluating .....	26
4.4. Develop Monitoring and Evaluation Plan .....	28
4.5. Health promoting workplace reporting system .....	28
<b>Annex 1: Monitoring and Evaluation plan template. ....</b>	<b>29</b>
<b>ANNEX II: Role and Responsibilities of Stakeholders .....</b>	<b>29</b>
<b>List of Contributors .....</b>	<b>31</b>



## **ACRONYMS**

- **HPW** - Health Promoting Workplace
- **GBV** -Gender Based Violence
- **ILO**-International Labor organization
- **GDP** -Gross domestic Product
- **GTP** -Growth Transformation Plan
- **SRH** -Sexual Reproductive Health
- **NCD**- Non-Communicable Disease
- **STI**-Sexual Transmitted Disease
- **WASH**-Water Hygiene and Sanitation
- **ENWHP**-European Network for Workplace Health Promotion.

## **Acknowledgment**

The Ministry of Health-Ethiopia gratefully acknowledges the contributions of individuals & organizations

In the guideline development process. We thank the guideline development group members and

technical resource persons for their serious and dedicated efforts.

In addition, the Ministry of Health would also thank the following participants from the Ministry, nongovernmental

Organizations, universities, and professional associations for their commitment to enrich

this guideline.

■ ***International labor organization (ILO)***

■ ***Girl effect, Ethiopia***

■ ***United Nations Children’s Fund (UNICEF)***

■ ***USAID Healthy Behaviors Activities/FHI 360***

■ ***Addis Ababa University, School of Public Health***

■ ***Ethiopia Public Health Institute (EPHI)***

■ ***World Health Organization (WHO)***

■ ***Ethiopian Health Education and Promotion Professionals Association (EHEPA)***

This guideline is a testament to the power of collective action and collaboration in advancing the health and well-being of future generation in Ethiopia.

## Foreword



The workplace is one of the most important settings affecting the physical, mental, economic, and social well-being of workers, and in turn the health of their families. According to the International Labor Organization (ILO), the toll of workplace illness, injury, and death, costs some \$1.25 trillion (\$1,250,000 million US dollars) in annual losses in global gross domestic product (GDP). 160 million people on this planet have work-related diseases. Meanwhile, the number of work accidents, fatal and non-fatal, is put at 270 million a year.

MOH-Ethiopia has implemented health promoting workplace as one of the primary strategies for achieving the strategic objectives of its health sector plans. Health-promoting at workplaces not only improve individual well-being but also contribute to a positive workplace culture, reduce absenteeism and enhance organizational performance. By integrating health into every aspect of the workplace from policies and practices to physical environments employers can create a sustainable model that benefits everyone.

This guideline will enable all stockholders in workplaces to adhere to the same set of rules when providing workplace health promotion services. As a result, harmonizing and standardizing health promotion services in different workplaces is beneficial. Together, we can build an environment where employees thrive, enabling both personal and professional growth.

I would encourage all stakeholders to embrace this guideline that helps us to promote community engagement, empower individuals to take charge of their health, promote healthy behavior, and reduce the burden on healthcare facilities. I also would like to take this opportunity to thank everyone who contributed to the preparation of this document.



**Dr Mekdes Daba**  
**Minister of Health**



## DEFINITION OF TERMS

- **Sexual exploitation-** includes sexual coercion and manipulation by a person in a position of power who uses that power to engage in sexual acts with a person who does not have power
- **Gender-based violence:** - intentional use of physical force or power, threatened or actual, resulting in injury, death, psychological harm, maldevelopment, and deprivation due to one's gender and sex
- **Public Health Emergency Management:** - is the process or a system of anticipating, preventing, preparing for, detecting, responding to, controlling, and recovering from consequences of public health threats so that health and economic impacts are minimized.
- **Early warning;-** is the identification of a public health threat by closely and frequently monitoring identified indicators and predicting the risk it poses to the health of the public and the health system.
- **Preparedness** -is “the range of deliberate, critical tasks and activities necessary to build, sustain, and improve the operational capability to prevent, protect against, respond to, and recover from incidents”.
- **Response:** The involvement of the entire health system and the broadest possible intersectoral and inter-institutional collaboration by developing policies and plans, and executing activities that reduce the public health impact of emergencies and disasters
- **Recovery:-** the process of rebuilding, restoring, and rehabilitating the community following an emergency, but it is more than simply the replacement of what has been destroyed and the rehabilitation of those affected.
- **Water Supply:-** The provision of water in the workplace is important to sustain workers' lives satisfactorily.
- **Safe water supply:-** The supply of water is free from any form of disease-causing agent. Which are; biological, chemical, and radiological agents.

- **Adequate water:-** The minimum amount of supply per person per day (20 l/d/p) – WHO
- **Sanitation:-** Refers to the prevention of human contact with wastes, it also means the provision of facilities and services for the safe disposal of human urine and feces. (WHO)
- **Health-promoting workplace: -** as one that protects and promotes the health of workers, influencing their physical, mental, economic, and social well-being. WHO aims to achieve this by building healthier, safer, and more resilient workplaces for all, and better protecting workers from health emergencies. Healthy workplaces: -are those places where everyone works together to achieve an agreed vision for the health and well-being of workers and the surrounding community. (Burton, 2010).
- **Hygiene:-** It is commonly defined as a set of practices performed for the preservation of health and healthy living. It includes; hand washing with soap and water, MHH, food hygiene, and face washing. (OWNP)
- **Workplace:-** can be defined as a place where people perform their jobs, without getting sick or injured due to their work. It is a place that offers opportunities to enhance physical, and mental health and social well-being, while preserving harmony with nature and being protected in case of disaster in the community.

## SECTION ONE

### INTRODUCTION

#### *1.1. Background*

The workplace is one of the most important settings affecting the physical, mental, economic, and social well-being of workers, and in turn the health of their families. Workplace health promotion (WHP) is “the combined efforts of employers, employees, and society to improve the health and well-being of people at work”. This definition is based on the Luxembourg Declaration (1997), developed by the members of ENWHP. It describes workplace health promotion as “a modern corporate strategy intended to prevent ill health at work (including work-related diseases, accidents, injuries, occupational diseases, and stress) and enhance health-promoting potentials and well-being in the workforce”.

According to the International Labor Organization (ILO), the toll of workplace illness, injury, and death, costs some \$1.25 trillion (\$1,250,000 million US dollars) in annual losses in global gross domestic product (GDP). 160 million people on this planet have work-related diseases. Meanwhile, the number of work accidents, fatal and non-fatal, is put at 270 million a year. Mechanical factors (e.g., work processes, equipment), physical factors (e.g., noise, heat, radiation), and chemical agents are the main problems in industry, while pesticides, heavy physical work, organic specks of dust, biological factors (e.g., infections), and accidents are the occupational burdens of agricultural workers. In addition, approximately 30% - 50% of workers in industrialized countries experience psychological stress. Environmental stressors such as hazardous conditions are one cause, but occupational stress also results from work organization (e.g., workload, lack of autonomy and control over work, shiftwork, wage scales, and routine, repetitive work). Stress associated with work organization has been shown to contribute to cardiovascular disease, musculoskeletal problems, and other conditions.

Ethiopia is moving fast towards industrialization and civil reform to advance productivity (GTP) and Nominal (current) Gross Domestic Product (GDP) Ethiopia is one of the many countries from around the world that adopted ILO Convention No 155 of 1981 in 1991 which resulted in two major regulations: Labor Proclamation No. 377/ 2003(4) and Labor Proclamation No. 515/2007 on public civil servants.

Based on the ten-year development plan (2021-2030) of Ethiopia, the share of industry



is projected to rise from 29% to 35.9% and that of the service sector would increase from 39.5% to 42.1%. Within the industry sector, the share of manufacturing is projected to grow from 6.9% to 17.2%. In line with the economic shift, there will be a shift in labor force participation. The labor force participation in the industry sector (manufacturing, construction, and mining) during the same period will grow from 7.5% to 19% while in the service sector, there will be an increase from 19.8% to 39%. Such shift is expected to be associated with employees' vulnerability and risk if there is no worksite health promotion programs in place such as GBV, SRH problems, NCDs and mental health problems, CDs, burnout, chemical and injuries, etc. to tackle such risks and hazards empowerment, equity, collaboration, participation are strategies to achieve health promotion at different workplaces.

In the Growth and Transformation plan, it is anticipated that Ethiopia will place industrialization at the forefront to be a middle-income country. For this to happen, textile and garment, leather and leather-related products are among the priority areas of industry. Similarly, flower and floriculture industries, cement, metal, and metal products, and the production of green energy through renewable energy sources are other priority areas identified as the starting points of industrialization. There are several small, medium, and large-scale industries all over the country with huge numbers of employees in and around the capital city, Addis Ababa.

## ***1.2. Rational of the guideline***

A workplace health promotion guideline is essential for creating healthier, more productive work environments. It serves as a comprehensive framework to help organizations implement effective health promotion interventions, thereby improving the overall well-being of employees. By addressing physical, mental, and social health aspects, the guide supports a holistic approach to employee health, which can lead to reduced absenteeism, increased productivity, and higher job satisfaction.

Furthermore, this guideline helps organizations comply with health and safety regulations, minimizing the risk of workplace injuries and illnesses. It also fosters a culture of health and wellness, encouraging employees to adopt healthier lifestyles both at work and home. This can result in long-term benefits, such as lower healthcare costs for the organization and improved quality of life for employees. By integrating health promotion into workplace policies and practices, empowers organizations to create sustainable, supportive environments that prioritize the well-being of their workforce.

The Ministry of Health (MOH) is involved in several ongoing health promotion initiatives across various settings, particularly in workplaces, communities, health facilities, and schools. Specifically, this guideline aims to:

- To organized and structured national implementation guideline to guide the provision of workplace health promotion interventions.
- To establish uniformity and consistency across all sectors and programs at workplace level in , planning, budgeting, and related interventions.
- To ensure the consistent implementation of workplace health promotion interventions across all regions.
- enables all stockholders and workplaces to adhere to the same set of rules when implementing workplace health promotion interventions.
- To harmonize and standardize health promotion interventions at workplace level is beneficial.



### ***1.3 Purpose of the Guideline***

The purpose of this guideline is to promote health and healthier lifestyles in the workplace, provide guidance and tools for planning monitoring, and evaluation of health promotion programs at work sites in Ethiopia.

The purpose of this guideline is to establish a consistent and comprehensive framework that enhances employee well-being across various sectors. This guideline to standardize health promotion activities, ensuring that all workplaces implement effective strategies to improve physical, mental, and social health. By providing clear and evidence-based recommendations, the guideline supports organizations in creating healthier work environments, reducing absenteeism, increasing productivity, and fostering a culture of wellness. Additionally, it helps in addressing specific health challenges, promoting preventive measures, and ensuring compliance with health and safety regulations, ultimately contributing to the overall health and well-being of the workforce nationwide.

### ***1.4 Guiding principle***

**Participatory:-** Workplace health promotion initiatives should be carried out in collaboration with the staff, employers or managers, and other stakeholders. It should be employee-centered and address their normative and felt needs. All levels of staff members should be actively involved in the project's conception, development, management, evaluation and health components, as well as all ongoing workplace health programs.

**Holistic:** The worksite health promotion needs to address the physical, mental, and social well-being of the employees.

**Privacy and confidentiality:-** Worksite health promotion services should not reveal personal and sensitive issues of individuals and employees.

**Freedom of choice:** All worksite health promotion activities should respect the rights of employees and freedom of choice.

**Inclusiveness:-** should be designed by considering age, disability status, social class, gender, etc.

**Sustainability:-** The worksite health promotion programs need to take into consideration on sustainability and scalability issues.

**Equity:-** There should be fairness in all the health promotion programs at worksites.

**Adaptive management:-** The workplace health promotion needs to be revisited regularly to check on progress and to make any necessary modifications based on emerging needs. Free from environmental hazards: the workplace should be environmentally friendly which does not cause any hazards or pollution on employees and other catchment community members.

### ***1.5 Scope of the Guideline***

This guideline is intended to give direction on Health promotion interventions for the workplace in Ethiopia. This guideline can be adapted to specific contexts of different workplaces. Most importantly, the guideline largely has focused on the following proposed issues: Basic Conditions for Health Promoting workplace (Setup or components, workplace arrangement, and capacities to coordinate health promotion)

- a) Tools and frameworks for planning and monitoring health promotion in the Workplace
- b) Health Promoting workplace Activities and Services (On, (focus on the Physical work environment, Personal health resource, Community involvement, and psychosocial work environment)

### ***1.6 Users of the Guideline***

This guideline is intended for use by national policymakers, healthcare providers, practitioners, researchers, various sectors, partners, private institutions, industries, workplace settings in Ethiopia, and other relevant stakeholders.



## **Section TWO**

### **Health Promoting Workplace Packages**

#### **2.1. Sexual and Reproductive Health (SRH) and gender-based violence (GBV)**

Gender-based violence at workplaces must end because:

- It violates workers' right to a life in safety
- It causes physical, social, and psychological harm that reduces workers' ability to lead a normal life, obtain the education they need, earn a living, develop their future, and participate in public life.
- It deepens the unequal power relations between women and men, girls, and boys.

By implementing below activities, workplaces can play a critical role in preventing gender-based violence and promoting the health and well-being of all employees.

##### **Awareness creation**

- o Conduct regular training sessions and workshops on recognizing and addressing GBV.
- o Distribute educational materials, such as brochures and posters, highlighting GBV and its impact on health.
- o Organize awareness campaigns during key observances like International Women's Day or the 16 Days of Activism Against Gender-Based Violence.

##### **Policy Development and Implementation**

- o Create guidelines for reporting, addressing, and preventing GBV incidents.
- o Ensure policies are inclusive, protecting all genders and vulnerable groups.

##### **Support Systems and Services**

- o Provide access to confidential counseling services for survivors of GBV.
- o Establish workplace support groups or peer networks for affected employees.

##### **Communication and Advocacy**

- o Establish clear communication channels for reporting GBV incidents.
- o Advocate for to address GBV

##### **Collaboration and Partnerships**

- o Collaborate with partners in GBV prevention and support.

- o Share best practices with other workplaces to amplify the impact of GBV prevention efforts.

## **2.2. Emergency at Workplace**

A workplace emergency is an unforeseen situation that threatens employees, customers, or the public; disrupts or shuts down operations; or causes physical or environmental damages.

Workplace emergencies come in a variety of forms. Some potential emergencies will be specific to certain industries and work environments, whereas others are more global, presenting a risk to all workplaces like COVID-19.

Emergencies can take many forms, but will largely fall into three categories

- Natural (example: flooding, fire, outbreaks such as cholera and meningitis, etc.)
- Work-related (example: fires, toxic gas releases, chemical spills, radiological accidents, Explosions, etc.)
- External (civil disturbances, pandemics, etc)

Emergency response packages at the workplace need to understand the types of emergencies your workplace may experience is the first step in being able to plan and train for their occurrence. The following steps might be used as a step for emergency response.

By integrating below activities into a health-promoting workplace, organizations should ensure the safety and well-being of employees while fostering a culture of preparedness and resilience.

### **Emergency Preparedness Planning**

- Develop a comprehensive emergency response plan addressing health and safety concerns during emergencies such as fires, natural disasters, pandemics, or workplace accidents.
- Conduct risk assessments to identify potential hazards and vulnerabilities specific to the workplace.
- Form an Emergency Response Team (ERT) with defined roles and responsibilities.



## **Health and Safety Training**

- Provide training for employees on first aid, CPR, and the use of fire extinguishers.
- Conduct drills and simulations for different emergency scenarios, including evacuation procedures.
- Train employees on stress management and psychological resilience during emergencies.

## **Emergency Communication Systems**

- Establish clear communication protocols to disseminate information during emergencies.
- Ensure accessibility of emergency contact numbers and communication tools (e.g., public address systems, mobile alerts).
- Provide multilingual and culturally sensitive emergency instructions.
- Health Support Systems
- Set up an on-site first aid station or infirmary equipped with essential medical supplies.
- Provide access to mental health support services for employees affected by emergencies.
- Establish partnerships with local healthcare providers for prompt medical assistance.

## **Workplace Infrastructure and Safety Enhancements**

- Install emergency exits, smoke detectors, fire alarms, and sprinkler systems.
- Display visible emergency maps, evacuation routes, and safety guidelines.
- Ensure accessibility for all employees, including those with disabilities, during emergencies.

## **Psychosocial Support During and After Emergencies**

- Provide counseling and psychological first aid to employees impacted by emergencies.
- Organize support groups to help employees process and recover from traumatic events.
- Encourage open communication about concerns and experiences to reduce stigma around mental health.

### **2.3. Communicable diseases**

A communicable disease is an illness caused by an infectious agent or its toxic product that can be transmitted in a workplace from one person to another. Communicable diseases may be chronic (such as tuberculosis or hepatitis) or acute (such as the flu or coronavirus) and can spread quickly throughout a workforce if immediate and corrective actions are not taken.

#### **Communicable disease control at the Workplace includes;**

- HIV including/Sexually transmitted diseases (STI), TB, Malaria Hepatitis, etc.

### **2.4. WASH**

WASH is an acronym that stands for water, sanitation, and hygiene. The acronym has become popular during the last couple of decades as the focus on providing safe water supply, sanitation, and hygiene to the global population has been growing. The combination of water, sanitation, and hygiene into one term recognizes that the three are closely linked and should be considered together. Sustainable Development Goals 6.1 and 6.2 seek to achieve universal access to clean water and adequate and equitable sanitation and hygiene by 2030. Businesses have the unique opportunity to contribute to the achievement of these goals through investing in WASH solutions. Improvements in access to WASH are good for businesses, their long-term livelihoods, and the overall economy. Specific tangible benefits include access to new marketplaces, increased brand recognition, mitigation of risk, and improved employee morale.

### **2.5. Occupational hazard**

Definition: It is a hazard experienced in the workplace. Occupational health and safety are one of the most important aspects of human concern. It aims an adaptation of working environment to workers for the promotion and maintenance of the highest degree of physical, mental, and social well-being of workers in all occupations. (Carter Center, 2006)

#### **Occupational health hazards can be classified into 6 components: -**

- Physical Hazards: - Caused by falls, falling objects, frostbite, heat or cold stress;
- Mechanical Hazards: - Caused by vibrating and rotating tools.
- Chemical Hazards: - Resulting from the inhalation or contact with a chemical toxic substance;



- Biological Hazards: - Exposure to a virus or a bacterial infection
- Ergonomic Hazards: - Relating to efficiency and comfort in the workplace.
- Psychosocial Hazards: - Hazards refer to mental health and personal well-being; and

## **2.6. Non-communicable diseases (NCDs) and Mental, neurological, and substance use (MNS)**

Non-communicable diseases: NCDs primarily cardiovascular disease, cancer, diabetes, and chronic obstructive pulmonary disease pose a substantial public health challenge and contribute to ill health, poverty, and inequities and slow the development of countries. NCDs are the leading cause of death globally, accounting for 71% of deaths and 85% of premature deaths (< 70 years) in low- and middle-income countries. In Ethiopia, non-communicable diseases (NCDs) cause 42% of deaths, of which 27% are premature deaths before 70 years of age. The Disability Adjusted Life Years (DALYs) increased from below 20% in 1990 to 69% in 2015 (National STEP Survey 2015).

Nationally, NCDs place increased strain on health systems;

## **2.7. Mental, neurological, and substance use (MNS):**

Mental, neurological, and substance use disorders are major contributors to a significant proportion of the global burden of diseases. These conditions affect 25% of all people at some point in their lifetime. Employees might be at increased risk of stress, burnout, and other mental health conditions if there is no conducive work environment.

**Table:-** Health promoting workplace packages, risk factors, and possible intervention areas

Packages	Risk Factors	Possible Interventions
Sexual and Reproductive Health (SRH) and gender-based violence (GBV)	<ul style="list-style-type: none"> <li>• Low awareness, risk perception, and social norms on SRH and GBV</li> <li>• Submissiveness and lack of life skill</li> <li>• Lack of workplace gender policy and less sensitive to GBV</li> <li>• Socioeconomic challenges</li> <li>• Unsafe working environment</li> <li>• Less friendly SRH services</li> <li>• Unclear job description and work relations among workers</li> </ul>	<ul style="list-style-type: none"> <li>• Counseling services</li> <li>• Contraceptive and youth-friendly services</li> <li>• Screening services</li> <li>• Worksite policy on GBV</li> <li>• Advocacy on resource mobilization and leadership commitment</li> <li>• Capacity building and networking on SRH, GBV, and life skill</li> <li>• Events and campaigns on SRH and GBV prevention</li> <li>• Planning and coordination for SRH programs</li> <li>• Referral and linkage on SRH and GBV victim services</li> <li>• Creating a conducive work environment for SRH and prevention of GBV risks</li> <li>• Clarity in job description and work relations among employees</li> <li>• Communication and resource materials on SRH and GBV</li> </ul>
Emergency at Workplace	<ul style="list-style-type: none"> <li>• Lack of orientation on emergencies among employers and employees</li> <li>• Lack of emergency risk plan and strategy</li> <li>• Lack of emergency communication system</li> <li>• Low-risk perception of emergency situation</li> </ul>	<ul style="list-style-type: none"> <li>• Orientation on emergency situations</li> <li>• Develop organization emergency risk plan and strategy</li> <li>• Strongly work on different emergency communication system</li> <li>• Advocate to create evacuation policy and procedure</li> </ul>



Packages	Risk Factors	Possible Interventions
	<ul style="list-style-type: none"> <li>• Lack of evacuation policy and procedure</li> <li>• Workplace engineering such as lack of evacuation routes and exits during emergencies</li> <li>• Weak leadership commitment to emergency plan</li> <li>• Unavailability of personal protective equipment and safety procedures</li> <li>• Low employees' adherence to safety rules and procedures</li> <li>• Low regulatory enforcement and supervision</li> </ul>	<ul style="list-style-type: none"> <li>• Safe engineering and design</li> <li>• Capacity building trainings and networking on emergency communication and strategy</li> <li>• Emergency escape procedures and route assignments, such as floor plans, workplace maps, and safe or refuge areas</li> <li>• Regular monitoring and supervision</li> <li>• Safety personal</li> <li>• Establish a first aid system</li> </ul>
Communicable diseases	<ul style="list-style-type: none"> <li>• Smoking and other substance use,</li> <li>• Overcrowding</li> <li>• Low preventive measures of infections</li> <li>• Poor environment (stagnant water)</li> <li>• A history of needle stick injuries, unsafe sexual practice, GBV</li> <li>• Unhygienic food and drinking practices or systems</li> <li>• Low health literacy on communicable disease prevention</li> <li>• Poor personal hygiene and hand-washing facilities</li> <li>• Malnutrition</li> </ul>	<ul style="list-style-type: none"> <li>• Social and behavior change communication on CDs prevention and control</li> <li>• Early case finding &amp; treatment</li> <li>• Environmental sanitation and working conditions.</li> <li>• Sterilize instruments, wearing gloves,</li> <li>• HBV vaccination, and proper use of PPE</li> <li>• Proper food hygiene</li> <li>• Promote healthy foods during work events</li> </ul>

Packages	Risk Factors	Possible Interventions
WASH	<p><b>Water</b></p> <ul style="list-style-type: none"> <li>• Inadequate water supply.</li> <li>• Poor water quality</li> <li>• Poor water handling and storage</li> </ul> <p><b>Sanitation</b></p> <ul style="list-style-type: none"> <li>• Absence of improved latrine</li> <li>• Poor utilization of latrine</li> <li>• Poor management of liquid and solid wastes</li> </ul> <p><b>Hygiene</b></p> <ul style="list-style-type: none"> <li>• Improper hand washing practice</li> <li>• Poor Menstrual Hygiene Health management</li> <li>• Poor handling and storage of food</li> </ul>	<p><b>Water</b></p> <ul style="list-style-type: none"> <li>• Promote drinking of safe water through the provision of water treatment</li> <li>• Strengthen advocacy on the provision of adequate and safe water at the workplace</li> <li>• Support water quality monitoring and surveillance</li> <li>• SBC interventions for water handling, storage and treatment</li> </ul> <p><b>Sanitation</b></p> <ul style="list-style-type: none"> <li>• Advocate the importance of sanitation facility</li> <li>• Promote proper utilization of improved latrine</li> <li>• Promote proper management of liquid and solid wastes and other pollutants</li> <li>• Promote social mobilization for the sanitation campaign</li> <li>• SBC interventions for proper sanitation</li> </ul> <p><b>Hygiene</b></p> <ul style="list-style-type: none"> <li>• Strengthen SBC on hand washing practice</li> <li>• Promote Menstrual Hygiene Health management</li> <li>• Promote handling and storage of food</li> </ul>



Packages	Risk Factors	Possible Interventions
		<p><b>Possible strategies for implementation of WASH services</b></p> <ul style="list-style-type: none"> <li>• Design WASH strategy for the workplace</li> <li>• Integration and coordination</li> <li>• Capacity building</li> <li>• Advocacy for a clean and safe work environment (WASH)</li> <li>• Establish WASH clubs</li> <li>• Implement different SBCC approaches</li> </ul>
Occupational Hazards	<p><b>Physical Hazards</b></p> <ul style="list-style-type: none"> <li>• Unsafe building</li> <li>• Confined space</li> <li>• Poor ventilation               <ul style="list-style-type: none"> <li>• Noise</li> <li>• Inadequate lighting</li> </ul> </li> <li>• Glare (Shine with a strong or dazzling light)</li> <li>• Prolonged exposure for sun light</li> <li>• Extreme high/low temperature</li> <li>• Radiation</li> <li>• Vibration</li> </ul> <p><b>Mechanical Hazards</b></p> <ul style="list-style-type: none"> <li>• High/ steep stairs</li> <li>• Exposed to electrical wiring</li> <li>• Exposure to machines with moving parts</li> </ul> <p>Chemical Hazards</p>	<ul style="list-style-type: none"> <li>• Promote provision of PPE</li> <li>• Promote proper use of PPE at work time</li> <li>• Training on Occupational health and safety</li> <li>• Reduce exposure to risks like noise, light, heat, cold, radiation</li> <li>• Maintain correct posture</li> <li>• Take Breaks regularly.</li> <li>• Use equipment properly.               <ul style="list-style-type: none"> <li>• Locate emergency exits.</li> <li>• Report safety concerns.</li> <li>• Regular monitoring and effective supervision</li> </ul> </li> </ul>

Packages	Risk Factors	Possible Interventions
	<ul style="list-style-type: none"> <li>• Exposure to solvents, dusts, heavy reactive metals, gases and fumes Biological Hazards</li> <li>• Exposure to microbial pathogens like TB, Asthma, brucellosis, anthrax, etc.</li> <li>• Parasites; Bedbugs and fleas, lice, etc.</li> <li>• Vectors; mosquitoes, Cockroaches Ergonomic Hazards</li> <li>• Poor equipment and workplace design</li> <li>• Poor siting design</li> <li>• Poor posture, lifting and handling</li> <li>• Psychosocial Hazards</li> <li>• High burden of work</li> <li>• Insecure health insurance</li> <li>• Lack of reward of work</li> <li>• Workplace violence (verbal abuse or physical assaults)</li> <li>• Sexual harassment</li> <li>• Discrimination,</li> <li>• Lack of respect in workplace</li> <li>• Low health literacy</li> </ul>	
NCDs and MNS	<ul style="list-style-type: none"> <li>• Unhealthy diet/obesity</li> <li>• Tobacco use</li> <li>• Excessive alcohol consumption</li> <li>• Physical inactivity</li> <li>• Air pollution</li> <li>• Low awareness</li> </ul>	<ul style="list-style-type: none"> <li>• Promote physical activity and weight management</li> <li>• Prevent substance and alcohol use</li> <li>• Promote use of stairs</li> <li>• Awareness, periodical screening, treatment, follow-up</li> </ul>



<b>Packages</b>	<b>Risk Factors</b>	<b>Possible Interventions</b>
	<ul style="list-style-type: none"><li>• Challenges/shortage of screening, treatment, and follow-up services for NCDs</li><li>• Work overload</li><li>• Maladaptive coping mechanisms<ul style="list-style-type: none"><li>• Lack of social support</li></ul></li></ul>	<ul style="list-style-type: none"><li>• Facilitate referral, follow-up and adherence to patients on medication</li><li>• Promote positive stress coping mechanisms</li><li>• Promote social support and positive work-life balance<ul style="list-style-type: none"><li>- Life skill training</li></ul></li></ul>

## **SECTION THREE**

### **PLANNING AND IMPLEMENTATION**

#### **3.1. LEADERSHIP AND GOVERNANCE**

Leadership is essential for a workplace health program to be successful. The goal and procedures of the workplace health program can be explained at all levels of the organization with the commitment and support of the leadership.

Leaders can act as models or champions for the effort, achieve buy-in and support from other levels of the organization, appoint a workplace health coordinator and workplace committee to manage the program, cultivate a supportive work environment with management and employees, and dedicate the necessary resources to the effort.

Managerial leadership behavior and manner of communication can also have an impact on employee health.

To begin the process of workplace Health promotion planning, it is important that all levels of the organization support the concept. Key organizational “players” who need to support the program are: Senior management/owners, Unions, employee associations, Employees, other key stakeholders e.g., occupational health, health, and safety, Human resources and other development departments.

#### **3.2. Resources for the Health Promoting Workplace plan**

All the necessary resources should be itemized in an annual budget and included in the workplace health promotion plan.

Both the finance and technical resources could be mobilized from different stakeholders including government, NGO, and UN agents in addition to your organization. Accordingly, the organization needs to identify possible stakeholders that support the implementation.

Available resources are a factor in determining which workplace health promotion activities are feasible to pursue and the time required to achieve them.



### 3.3. Workplace committee and health coordinator

The implementation of a workplace health program requires active engagement of individuals at all organizational levels, and it should be led by a committed employee. The first step toward a healthier workplace is to identify or assign qualified and motivated workplace health coordinators by senior management. The workplace health coordinator will lead workplace health promotion activities, chairs, regularly convenes the workplace health committee, and oversee an annual budget. The formation of a workplace committee is an important step in building a healthy work environment. The workplace health committee members include workers from multiple organizational units/departments, human resources, supervisors, employee representatives (e.g., union officials), and representatives from community organizations.

The workplace health committee should be responsible for planning and steering appropriate health promotion activities in collaboration with the workplace health coordinator. This committee will prepare a “Terms of Reference.” This helps the committee function efficiently and prevents many future problems.

### 3.4. UNDERSTAND THE WORKPLACE CONTEXT/ SITUATIONS.

A successful workplace health program is targeted to the specific employee population, suiting the workplace, employee needs, and personal and organizational health goals.

**Table 1:** The workplace health coordinators should collect basic workplace health-related information based on the following table.

No	Area of assessment	Methods	Tools	How it works	Remark
1	Stakeholder mapping	Conduct Brainstorming with management, employees, and other relevant stakeholders.	Brainstorming guide	Brainstorming with the workplace committee	
2	Service availability and accessibility	Review existing healthcare services available to employees within and outside the workplace.  Assess accessibility barriers such as distance, cost, and transportation.	Checklist	Onsite observation and fill out the checklist	

No	Area of assessment	Methods	Tools	How it works	Remark
3	Employees health need	Review Secondary data.  Conduct Interview	Interview guide.  Checklist	Interview with selected employees and review medical records	
4	Employee's socio-demographic information	Review Secondary data.	Checklist	Collect information from human resource	
5	Challenges/ barriers	Observation Discussion	Checklist Discussion guide	Observe the organization system in relation to health and discussion with workplace committee	
6	Opportunity	Observation  Discussion	Checklist  Discussion guide	Observe the organization system in relation to health and discussion with workplace committee	

### 3.5. PRIORITIZE THE IDENTIFIED WORKPLACE HEALTH ISSUES.

**Table 2:** Based on the workplace situation assessment conducted above, the next step is to prioritize the identified workplace health issues according to the following prioritization criteria.

	Prioritization criteria					
	Magnitude (employees affected such as risk for death or disability, or impact on quality of life)					
	Severity (number of employees affected by a health condition or at risk for the health condition)					
	Feasibility (level of difficulty in implementation, cost of implementation, time needed to implement)					
	Employee's needs					
	Leadership concerns					



### 3.6. Possible Health Promoting Workplace Implementation Strategies

Possible health promoting workplace implementation strategies provide valuable insights for workplace health coordinators to select the most suitable approach for addressing identified workplace issues while considering employees' needs, organizational culture, policies, and other key workplace principles.

These strategies encompass:

**Counseling:** Offering one-to-one or group counseling services to employees to address personal health concerns and provide support.

**Capacity Building:** Empowering employees with knowledge and skills to make healthier choices through workshops, training sessions, or educational programs.

**Employee mobilization:** Engaging employees and fostering a sense of community around health and wellness initiatives through group activities or campaigns.

**Advocacy:** Advocating for policies and practices that promote a healthy work environment, both within the organization's senior management and external stakeholders.

**Campaign:** Launching targeted edutainment campaigns to raise awareness and encourage behavior change on specific health issues.

**Health Service provide:** Providing access to healthcare services (Screening, vaccines, and psychological supports) within the workplace or facilitating connections to external healthcare providers.

**Peer-to-Peer Education/ Dialogue:** Encouraging employees to share their experiences and knowledge with their peers, fostering a supportive environment for health promotion. **Employees conversation:** Creating opportunities for open dialogue between management and employees to address health concerns and gather feedback.

**Multiple Channels:** Employing a variety of communication channels ensures that our messages reach diverse employee groups effectively. From emails to team meetings, we'll leverage all available platforms.

**Incentive Programs:** Implementing incentive programs to encourage participation in

health promotion activities, such as offering rewards for achieving health-related goals or milestones.

**Coordination and collaboration:** Collaborative efforts and streamlined coordination form the backbone of any successful workplace health initiative. By fostering a culture of teamwork among diverse stakeholders, organizations can leverage collective expertise and resources towards a common goal. This synergy not only enhances operational efficiency but also amplifies the effectiveness of workplace health promotion implementation. Stakeholders, ranging from management to employees, and including external partners like national and regional as well as healthcare providers, must be aligned in their efforts. Each participant's clear understanding of their unique contributions and responsibilities is crucial for the seamless integration of health-promoting activities within the workplace's daily operations.

Moreover, delineating roles and responsibilities within the framework of a workplace health plan ensures that each stakeholder is accountable for specific outcomes. This clarity in roles fosters a sense of ownership and commitment to the program's success. It also facilitates the identification and elimination of potential overlaps or gaps in service delivery, making the initiative more cost-effective and impactful. External partners, on the other hand, could offer specialized expertise and support. This collective approach not only optimizes resource utilization but also creates a more inclusive, health-conscious work environment. For detailed possible stakeholders' role and responsibility please refer annex \_\_\_\_

**Resource mobilization:** Leveraging locally available resources maximizes our impact while minimizing costs. Whether it's partnering with community organizations or utilizing existing infrastructure, we'll make the most of what's accessible to us.

**Establishment/use of Feedback Mechanisms:** Establishing/using robust feedback mechanisms allows us to gather valuable input from employees and adapt our strategies accordingly. Regular feedback loops will help us stay responsive and agile.



### 3.7. Health Promoting Workplace Operational Plan

During this next stage, the workplace committee in collaboration with the health coordinator should review the information collected, identified and prioritized workplace health issues. Put together a plan for the development of a HPW program. The plan should identify key issues or findings (based on the information collected, the identified and prioritized workplace health issues), make program recommendations, identify needed resources, and establish a timeline for the implementation of various recommendations. While designing the health promoting workplace intervention the health promoting workplace coordinators need to refer to the possible interventions listed on the HPW packages.

The successful health promoting workplace plans should:

- Meet the needs of all employees regardless of their current level of health, literacy, social and skill backgrounds.
- Strike a balance between what the employee and employer can do.
- Address employee concerns.
- Improve organization productivity.
- Systematic linking of multiple sources of data
- Leveraging and building on existing activities with the goal of sustaining programs over time
- Diverse groups of individuals or organizations
- Multiple opportunities and methods for all employees to learn about and participate in the program’s activities.
- Maintaining flexibility as needed

health promoting workplace Planning Template

- Name workplace \_\_\_\_\_
- Implementation period \_\_\_\_\_
- Name of workplace coordinator \_\_\_\_\_
- Members of the workplace committees \_\_\_\_\_
- Organization vision/mission \_\_\_\_\_
- Goal of workplace health promotion \_\_\_\_\_

No	HPW Pake	Objective (Smart)	Activities	Responsible person	Time frame	Budget	remark

## Section Four

### Monitoring and Evaluation

Monitoring and evaluating health promoting workplace (HPW) efforts are an important learning tool that provides accountability, while also allowing you to share successes with others, learn from your mistakes and make changes to the course of action as necessary.

**Monitoring:** is a continuous process of tracking the implementation of health promotion activities and assess the progress towards goals. It helps in identifying areas of success and areas needing improvement, enabling informed decision-making and adjustments to the plan for effective implementation of health promotion activities.

**Evaluation:** is the systematic collection, analysis, and reporting of information about a program in a way that enables practitioners to learn from their experience.

Programs and initiatives need to be evaluated based on goals and objectives set during the planning process. The evaluation plan should include measures related to the process of establishing and delivering the intervention as well as the desired outcomes.

It is important to first identify the evaluation questions of interest such as:

- What aspects of the program will be examined?
- What does success look like?
- Who will need and want to see the information?
- What is the scope of the evaluation, recognizing every aspect of the program need not be evaluated?
- What type(s) of data will be collected, by what method(s), and how frequently will data be collected? What data systems are available to collect health-related data?

#### 4.1. How to set health promoting workplace indicators

Indicators are the tools that measure any change and progress toward health promoting workplace objectives because of the intervention. Indicators can be used both to monitor and to evaluate the intervention. There are four types of indicators: input, output, outcome, and impact indicators.

- Process and output indicators are monitoring indicators that measure who the intervention is reaching and how.



- Outcome and impact indicators are evaluation indicators that provide information on the effects of the intervention.
- All types of indicators should be included in the M&E plan.
- Inputs: the resources invested/carrying out in a program/intervention

**Examples:** Number of Materials developed  
Number of Materials printed  
Number of stakeholders mapped

Processes: the activity carried out to achieve the workplace health promotion objectives and regular efforts needed to produce the outputs.

**Examples:** Percentage of health promotion activities delivered on schedule  
Number of Individuals exposed to health promotion materials

Outputs: the immediate results achieved through the execution of health promotion activities

**Examples:** Number of employees trained  
Number of Health promotion Materials Distributed

Outcomes: the set of short-term or intermediate results that assess whether the desired change has occurred and progressed towards the program's significance.

**Examples:** Percentage of employees reporting good or excellent health  
Number of employees with Absenteeism  
Percent Employees with good work performance  
Percent of Employees with the intended behavioral change

### Characteristics of a Good Indicator

A good indicator should be SMART and listed below.

- Specific: clearly defined and focused on specific aspect of the package?
- Measurable: Can the indicator be quantified or measured?
- Achievable: Does the indicator measure something that is realistic and attainable with the programs available resource and constraints?
- Relevant: Does the indicator measure the most important result of the activity?
- Time-bound: Is there a deadline for achieving the performance indicator?

## 4.2. GAUGE THE FUNCTIONALITY OF HPW

To effectively gauge the functionality of health promoting workplace (HPW) initiatives, it's essential to use a comprehensive assessment checklist covering various aspects of workplace health promotion. This checklist will serve as a guide for yearly evaluations conducted by qualified assessors from the Ministry of Health (MOH) or Regional Health Bureaus (RHB).

Utilizing predefined cutoff points, such as

	<b>HPW Functionality</b>	<b>Choose one level</b>
Level 1 (no functionality)	The HPW committees have not been appointed, a health coordinator has not been designated, the budget remains unassigned, and there is an absence of any formulated plan	
Level 2	There are no designated HPW committees or health coordinator, resulting in ad-hoc execution of HPW activities without a structured plan or allocated budget.	
level 3	HPW committees and a health coordinator have been established, facilitating organized HPW activities with a defined plan and budget, ensuring that activities are executed in alignment with the established plan.	
level 4	HPW committees and a health coordinator have been appointed, overseeing structured HPW activities with a designated plan and budget. These activities are conducted in accordance with the established plan, with robust stakeholder coordination and comprehensive reporting on achievements to the region, catchment area health facility, and Ministry of Health.	
level 5	HPW committees or a health coordinator have been established to oversee structured HPW activities, supported by a detailed plan and budget. These activities are executed in alignment with the plan, with robust stakeholder coordination and thorough reporting of progress and achievements to the region, catchment area health facility, and Ministry of Health. Furthermore, monitoring and evaluation mechanisms are in place to assess the effectiveness of HPW interventions, along with the implementation of workplace policies.	



Following assessments, feedback mechanisms should be employed to provide workplaces with insights into their performance and recommendations for enhancement. Encouraging continuous improvement and recognizing exemplary practices within organizations will foster a culture of wellness, leading to healthier, happier, and more productive work environments while optimizing the allocation of resources from stakeholders like the MOH and RHB.

### **4.3. Data Source for Monitoring and Evaluating**

Monitoring and evaluation system is a set of procedures guiding the information flows through an organization to different management levels to support decision making and learning. The health promoting workplace committee with Health coordinator should put the M and E system in place in relation to health promoting workplace activities. It should also devise viable indicators to monitor and evaluate HPW interventions. This Indicators might be related to input, output, outcome, and impact of the workplace promotional activities.

**Conduct Review Meetings:** Regular review meetings will be held to assess the progress of HPW interventions. These meetings will provide a platform for stakeholders to discuss achievements, challenges, and areas needing improvement.

**Conduct Rapid Assessment, Including Observation:** Rapid assessments, involving direct observation of workplace practices and conditions, will be conducted to promptly identify any emerging issues or opportunities for improvement.

**Secondary Data/Document Review:** Analysis of secondary data and review of relevant documents, such as health records, incident reports, and program documentation, will be conducted to gather comprehensive insights into the effectiveness of HPW interventions. Supportive Supervision: Ongoing supportive supervision will be provided to ensure that HPW interventions are being implemented as intended and to address any barriers or challenges encountered by staff.

**Activity Reports:** Regular activity reports will be generated to document the progress of HPW interventions. These reports will include key performance indicators, achievements, and any deviations from the planned activities.



**Human Interest Stories:** Human interest stories will be collected to capture the impact of HPW interventions on employees' lives. These stories will highlight personal experiences, successes, and challenges, providing qualitative insights into the effectiveness of the interventions.

**Pretest or Piloting:** The workplace health coordinator and committee may want to consider pilot/pre-testing components of the health promoting workplace program.

Pilot testing is a small-scale test of the procedures, methods, and strategies of a health promotion program, designed to ensure that it will work in practice before being applied on a larger scale.

Pilot tests provide an opportunity to adjust aspects of the program that did not work as well as expected before investing the time, staff, and money needed to support a broader effort.

A pilot test can inform the workplace health improvement plan by:

- Determining if the communication methods used to reach employees are the most effective.
- Determining if the program interventions selected are best suited to employee needs and interests.
- Determining if the program is reaching the intended audience.

Successful implementation of the workplace health program depends, in large part, on how the employees react to the changes. Even the slightest misunderstanding can result in major disruptions. Thus, regular, and consistent communication is a vital component of the overall program and fosters an organizational commitment to employee health. Employees are key stakeholders and should be informed of the program's purpose; the actions taken; the reasons for and results of those actions. Consistency comes from repetition and uniform presentation from all levels of the organization and over time will create a culture of health.



#### **4.4. Develop Monitoring and Evaluation Plan**

The monitoring and evaluation plan will track progress towards achieving the objectives. The plan should at least contain the following: package activities, indicators, baseline, and end line data source, means of verification and time and frequency of the evaluation. The monitoring and evaluation plan should include clear timelines for reporting and evaluation intervals. Regular reporting and evaluation will ensure that any necessary adjustments can be made to improve performance and meet targets effectively. It is important to establish a system for collecting and analyzing data to track progress towards the set targets. Additionally, regular review meetings should be scheduled to discuss the findings and make any necessary adjustments to the plan.

#### **4.5. Health promoting workplace reporting system**

The health promoting Workplace Coordinator is responsible for compiling monthly reports and sending it to the catchment area health facility and the regional Health Education and Promotion Department. These reports are then aggregated by the regional department and forwarded to the Ministry of Health's Health Education and Promotion disk. Within one week of receiving the regional reports, the Ministry of Health provides feedback to the regions and workplaces for continuous improvement. This structured reporting process ensures that health-related data from workplaces is collected, analyzed, and acted upon promptly, facilitating ongoing enhancement of health promotion initiatives at both regional and national levels.

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**Annex 1: Monitoring and Evaluation plan template.**

S.no	Pack- age	Activi- ties	Indica- tors	Base- line	End line	Data source	Means of veri- fication	Time of re- port	Respon- sible Body	Budget

**ANNEX II: Role and Responsibilities of Stakeholders**

This table outlines the roles and responsibilities of various stakeholders involved in HPW, including governmental bodies, industry representatives, healthcare providers, and non-governmental organizations. Adjustments can be made based on the specific context and requirements of each organization or initiative

Stakeholder	Roles and Responsibilities
Senior Manage- ment	Provide leadership and support for workplace health promotion initiatives.
	Allocate resources and budget for implementation.
	Advocate for policies that promote a healthy work environment.
	Monitor progress and evaluate the effectiveness of HPW.



<b>Stakeholder</b>	<b>Roles and Responsibilities</b>
Human Resources Department	Coordinate and facilitate health promotion activities.
	Provide logistical support for workshops, training sessions, and campaigns
	Maintain employee health records and data for evaluation purposes.
	Communicate health-related policies and programs to employees.
Health and Safety Committee	Identify workplace health issues and prioritize areas for intervention.
	Participate in planning and implementing health promotion activities.
	Monitor compliance with health and safety regulations.
	Provide feedback and suggestions for improvement.
	Participate actively in health promotion activities and initiatives.
Employees	Take ownership of personal health and well-being.
	Provide feedback and suggestions for improving WHP.
	Serve as advocates for health promotion within their teams and departments
NGOs /External Partners	Provide specialized expertise and support for specific health promotion activities.
	Collaborate with internal stakeholders to align external resources with organizational goals
	Assist in evaluating the effectiveness of health promotion initiatives.
	Share best practices and industry insights to enhance program outcomes.

Stakeholder	Roles and Responsibilities
NGOs /External Partners	Offer expertise and resources for implementing health promotion activities.
	Engage in advocacy efforts to promote workplace health and well-being.
Ministry of Health (MoH)	Provide regional support and resources for workplace health promotion initiatives.
	Provide guidance and support for workplace health promotion initiatives.
	Ensure alignment of workplace health programs with national health objectives and regulations.
Ministry of Industry	Advocate for workplace health promotion within the industrial sector.
	Coordinate with other ministries to ensure alignment of policies and regulations.
Regional Health Office	Facilitate coordination between national health policies and regional implementation.
	Assist in implementing national health policies at the regional level
Health Facility	Provide healthcare services and support for health promoting workplace activities.

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