Federal Democratic Republic of Ethiopia
Ministry of Health

National In-Service Training Implementation Guide for the Health Sector

January 2014
Addis Ababa

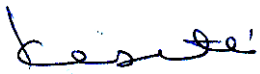
Foreword

Ethiopia is striving to achieve the millennium development goals (MDGs) including reduction of under five and maternal mortality and combating HIV/AIDS, malaria and other diseases of public health importance like tuberculosis. A lot has been achieved in combating the diseases of public health importance like malaria, TB and HIV/AIDS. The country has already achieved the goal of reducing under five mortality by two-thirds in 2015 from the 1990 level. However, much has to be done to achieve all the health related millennium development goals and to further improve the health status of the public in the post 2015 era.

It is evident that capable health work force is essential to continually improve the quality of health programs management and health care delivery in the country. The competency of health workers has to be continually reinforced through quality in-service trainings. That is why developing appropriate continuing education for all categories of workers in the health sector has been one of the priorities of the Health Policy of Ethiopia. The health sector development plan (HSDP) IV, as part of the human capital development, targeted to standardize and institutionalize in-service trainings in the health sector. Standardizing in-service training ensures the quality of the trainings while institutionalizing them ensures the sustainability of in-service trainings in the country.

In order to guide the in-service training standardization and institutionalization process, the ministry has already prepared a National In-service Training Directive for the Health Sector. The details of the guidance found in the Directive are incorporated in this National In-service Training Implementation Guide for the Health Sector. The Implementation Guide is developed by the ministry in collaboration with training institutions, professional associations and development partners. At this juncture, I would like to thank all organizations and professionals involved in the development of the In-service Training Implementation Guide.

Finally, I would like to remind all stakeholders to strictly follow the guidance found in this Implementation Guide in the design, delivery and evaluation of in-service trainings.



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Contents

Acronyms

CPD- Continuous Professional Development
FMOH-Federal Ministry of Health
HLI- Higher Learning Institutes
HR- Human Resources
HRD- Human Resources Development
HRIS- Human Resource Information System
HRH- Human Resources for Health
ICT- Information and Communication Technology
IST- Inservice Training
MDG- Millennium Development Goal
MOU- Memorandum of Understanding
RHB- Regional Health Bureau
TA- Technical Assistance
TOR- Terms of Reference

Glossary

1. Training: The transfer of knowledge, skill and attitude to improve the competency of participants so that they can perform their duties and responsibilities efficiently.
2. In-service Training (IST): Short term training to help professionals perform their duties and responsibilities efficiently.
3. Short term training: Training conducted usually for days to few weeks, not more than 8 weeks.
4. Continuing Professional Development (CPD): a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practice safely, effectively and legally within their evolving scope of practice.
5. In-service Training Institutionalization: The process of creating system and building the capacity of local training institutions to design and deliver need based in-service trainings to health workers.
6. Local Training Institutions: Domestic universities, health science colleges, professional associations and other IST centers that provide IST for health workers.
7. Need based IST: In-service training conducted after need assessment had been undertaken and the training plan is incorporated in the annual plan of federal ministry of health (FMOH) and/or regional health bureaus (RHBs).
8. Training package: In-service training package prepared for a certain course which includes trainer guide, participant manual and power point presentations & reference materials as needed.
9. In- service training data base: Data base containing IST related information.
10. Development partners: Non-profit non-governmental organizations who are involved in the development of the health sector.

Introduction

The Federal Ministry of Health of Ethiopia has rolled out various gap filling in-service trainings for health workers in collaboration with various stakeholders and development partners. The training programs have significantly contributed to enhancing the competency of health workforce in different areas including HIV/AIDS, TB, malaria, Maternal and Child health, health system strengthening etc. However, standardization and institutionalization have been great challenges in the in-service training program.

There have been gaps with the design, delivery and evaluation of the in-service trainings. There is no national in-service training database or documentation system. The majority of the trainings are primarily planned and implemented by development partners. This doesn't help the ownership and sustainability of In-service training programs in the country. There has been little progress with regard to capacity building of local training institutes. Furthermore, the cost of in-service trainings has been very expensive.

Cognizant of the existing gaps and challenges, FMOH calls for standardization and institutionalization of in-service training programs including linking in-service training with career development and re-licensing. This requires housing in-service training in local institutions which will be accredited to provide in-service trainings.

Institutionalization and standardization of in-service trainings have various benefits. Institutionalization is a very essential tool for sustainability of need based training programs in the country. When in-service trainings are delivered by local training institutions, training programs will be more sustainable. Institutionalized in-service trainings are less expensive as the trainings will be held in the facilities of local training institutions rather than in hotels. Institutionalization can also build the financial and technical capacity of local institutions.

Standardizing in-service trainings ensures trainings are need based and have right approaches in the delivery. It ensures timely planning and effective coordination and implementation and creates proper training monitoring and evaluation system. Standardization of in-service training help create a system where by trainings are linked to performance or trainings are translated into service. Standardized training materials maintain the uniformity of the competency outcomes and quality of the trainings. All in all, standardization of the in-service training activities assures the quality of trainings and in turn improves the quality of health services.

Purpose of the Manual

The purpose of this National In-service training Implementation Guide is to promote and guide standardization and institutionalization of in-service trainings of the health sector in Ethiopia. In more concrete terms, the objective of the Guide is to provide direction to ensure that:

- In-service trainings are need based
- In-service trainings are standardized
- In-service trainings are institutionalized
- Availability of updated in-service training database at all levels

This Guide is intended for:

- All governmental organizations under FMOH and non-governmental organizations (including development partners) who are involved in in-service training
- Universities, health science colleges and professional associations which will be conducting in-service trainings
- Policy-makers, program managers, trainers
- Any other entities who can have a role in planning, implementing, monitoring, and evaluation of in-service training for health professionals

Part I: Standardization of In-Service Training

Chapter One: In-Service Training Approach and Needs Assessment

Training is a process which deals primarily with transferring or obtaining knowledge, attitudes and skills needed to carry out a specific activity. Training should be based on the assumption that there will be an immediate real life application of the physical or mental skill(s) being learned (as differentiated from education, which is most often directed toward future goals).

In-service training is a process of staff development for the purpose of improving the performance of employees with assigned job responsibilities. In the health sector, it is a program designed to strengthen the competencies of health workers. It ensures that health workers already providing services have the opportunity to update their knowledge and skills or mastery of techniques according to the latest scientific information and standardized practices.

Types of In-Service Training

Training courses can be classified into different categories based on the modality (delivery approach) or level. In-service trainings can be:

- *Structured In-Service Training (SIST):* Structured In-service training represents those training programs that are based on clearly outlined curricula with clearly defined target groups, objectives, content areas, and delivery methods. Such trainings are ongoing for a fairly long period of time.
- *Remedial / Ad-hoc Training:* Remedial or Ad-hoc training programs refer to any training intervention which has been designed and organized to address gaps in knowledge, skills and attitudes that are identified among staff in a defined practice area or institution.

Modalities of IST

The training courses should encompass integrated practical and theoretical components in order to enhance quality of health services. They can be delivered in the form of electronic, live or blended programs.

Electronic Courses: In this case, training is provided to health workers through electronic media like the internet and memory disk. Such programs can entertain interaction with the trainer and other trainees through the internet using various programs including video conferencing. In self-paced programs, the learner works on his/her own pace without

interacting directly with a facilitator. Educational materials downloaded from the internet and memory disk can be used for self-paced electronic learning.

Live programs: A group of learners interacts with each other and a facilitator face to face. Live programs can be conducted on-site or off-site.

- *Off-site training:* training which is provided outside of providers' work place and could be in training centers or other clinical sites. Participants in off-site training are usually from different facilities or area.
- *On-site training:* training that takes place at the site where participants are working.

Blended courses: are a mix of both electronic/self-directed and live/group based learning. First, the learner will study the educational materials down loaded from the internet or from the memory disk. Then face to face live program will be set up in the presence of a qualified facilitator to ensure the transfer of relevant knowledge, skills and attitude.

It is recommended that trainings be delivered electronically or in blended form, whenever possible, as they are more cost effective and in order not to significantly interfere with the health care delivery in health institutions.

Levels of In-service Training

***Basic Training*:** This type of training course prepares participants to acquire the desired knowledge, skills and/or attitude required to perform certain tasks or provide services.

***Training of Trainers*:** This type of training equips participants with knowledge, skills and attitude which enable them to train others who have the competency in providing the services.

***Advanced Training*:** help trainees get more detailed knowledge and master the skills required to perform a specific type of task once they have got the basic knowledge and skills in a particular program area.

***Refresher training*:** This is a type of training offered when an update on knowledge or skills is required in a certain area due to change(s) in guidelines, scientific approach or when a person was trained so long ago that s/he loses her/his required knowledge and skills.

The principles of learning in in-service training

Training materials and methods of learning designed for In-service training has to consider adult learning principles with mastery learning which include behavior modeling and competency based and humanistic training methods.

The design and delivery of the training program should include:

- Creation of a learning environment in which participants feel safe, respected, and valued
- Learning objectives must address the three learning domains: knowledge, skill (psychomotor, communication, clinical decision making) and attitude or affective.
- Interactive approaches that ensure the training activity recognizes and builds on the existing skills, knowledge, and experience of the learners.
- Approaches that allow for application of new content, and foster higher-level cognitive processes such as critical thinking, analysis, and decision-making skills.
- Use of a variety of training methodologies.

In-service training needs assessment

Training program development process should begin with a training needs assessment. The purpose of a needs assessment is to determine whether a training need exists, and, if it does, what type of training program will address the need. Training programs are implemented to transfer the skills, knowledge, and/or attitudes to a particular target audience that are necessary to perform specific functions or tasks. Information about the target audience, their expected roles and responsibilities, their current knowledge, attitudes, and skills, and the context in which they are working are essential in developing an effective training program. Data and findings from an assessment help to ensure that training activities are aligned with national priorities and programs and that the training program responds to participants' needs. Needs assessment improves focus towards sustainability of in-service training programs.

A *performance needs assessment* is a particular type of needs assessment that is conducted to determine the cause of a gap in performance and to determine whether or not the gap should be addressed through training or some other type of intervention. A performance gap is the gap between what an individual is *currently* doing, and what they *should* or *need* to be doing. If the root cause of a performance gap is related to a lack of knowledge, skills and/or appropriate attitudes, then training will be an appropriate intervention.

If the performance gap is a result of some type of systems issue like lack of resources, space, equipment, political buy-in, training is not a solution.

In-service training need assessment has to be undertaken by FMOH and/or RHBs and training institutes in collaboration with development partners. There are different data collection

techniques to conduct training needs assessment. These may include direct observation, key informant interviews, self-assessments, focus group discussions, review of existing training evaluation data, and review of service delivery data. (Please see Annex I)

Chapter Two: Standards of IST Curricula and Materials

A training curriculum is a collective description of the training goals, content, and learning and assessment methods and tools to be used for any given training intervention. Training materials are a variety of objects or media used during training to enhance the teaching and learning experience.

Training materials are usually grouped under the following categories:

• Printed materials, whether electronic or in paper-copy—reference manual, trainers' manual, participant handbook, handouts, posters, checklists, assessment instruments, flipcharts, photos, and worksheets

• Projected materials—transparencies, slides, computer-generated presentations, videotapes, DVDs, audio tapes (audio projection)

• Real objects, models, and equipment—anatomic models, clinical equipment, samples, etc.

• Computer-based and web-based materials—online learning materials, e-learning materials, CD-ROMs, etc.

• Audio-conferencing/video-conferencing—distance-learning conference materials

Standardization of Training Packages

Content of the training package

- Any adapted or developed training material shall fulfill criteria set for standard training packages in Ethiopia. (See annex II)

A standard training package shall contain the following:

- Participant's manual with course schedule, course syllabus, course content, pre-course knowledge assessment questionnaire, daily and end-of-course evaluation forms, learning guides and checklists for clinical skills acquisition and assessment and handouts for group work/exercises.
- Trainer's/Facilitator's Guide containing information in the participant's handbook as well as the course outline, session outline and descriptions, instructions for facilitation and presentation of the course content, comprehensive facilitator's notes with supplementary content material, pre-course knowledge assessment questions and answers, worksheets with answers, guidelines for evaluation of the training.
- Reference Materials with evidence-based, essential need-to-know information about the subject matter that is consistent with National guidelines as needed.
- Audiovisual Tools including videos, memory disks, as appropriate.

Process of IST Manual Development

The FMOH, professional associations and other local in-service training centers can develop in-service training courses. While developing and adapting training packages, the following major procedures shall be followed.

1. Need assessment should be conducted before the development of a training course.
2. The training institution should first seek current national or international materials that may be used or adapted with permission, and can make a request for technical assistance to partner organizations and institutions.
3. The training institution will develop or adapt the training course as per the IST courses standardization checklist annexed to this Implementation Guide.
4. If the material is developed by an institution other than FMOH, the training material should be submitted to the relevant program/technical officer in the ministry for comments and feedback.
5. The institution that developed the training material will revise it based on the comments provided by FMOH.
6. Then the material will be submitted to the human resources administration and development directorate of FMOH for review as per the IST courses standardization checklist before conducting pre-test training.
7. The training package should be revised based on the feedback retrieved from the participants of the pre-test training.
8. The final training package shall be presented to the Human Resource Directorate (HRD) of FMOH for final approval and printing.
9. If the training course is approved, FMOH will communicate with FMHACA for approval of the assigned credits for the course as a CPD activity.
10. Standard training packages shall be revised and re-approved every three years or even in less than three years if the need arises.

Once approved the training package can be used to train health professionals by training institutes. When needed, training packages can be translated into local languages by RHBs assisted by the FMOH.

Whenever there is an urgent need to undertake training in the absence of national training package, available relevant training materials might be used. In such cases, the HRD Directorate

of FMOH shall approve the most appropriate training material for immediate use in consultation with other relevant FMOH Directorates.

Chapter Three: Planning of In-Service Training

In-Service Training (IST) planning should start well in advance of the event and address the following issues.

Trainer Selection

Once they attend the basic training, participants can be recruited as potential trainers if they perform well on pre/posttest, have demonstrated high level participation and enthusiasm and received a good feedback from trainers. At the end of a TOT course, participants' facilitation skills are assessed and competent participants' list shall be sent to RHBs and FMOH. The pool of trainers' data base shall be prepared by FMOH and RHBs based on the trainers' list sent from training institutions. This data base shall be regularly updated by the FMOH &/or RHBs and will be shared to all training institutions. During revision of the trainers' list, professionals who have never facilitated training before and haven't facilitated training for more than a year after participating in the TOT will be removed from the trainers' pool.

Trainers' Selection Criteria

Training institutions shall select trainers for a specific training based on the following criteria.

- Candidate trainers have to complete a training of trainers' course in the respective training or they should have completed a basic/advanced training of the course and have taken standardized training skills course.
- Trainers must be selected from the national or regional pool of trainers in the IST data base. For newly introduced IST course, trainers/facilitators can be selected from the group who prepared the training course. If the need arises, training institutions have the mandate to invite trainers with specific expertise from abroad.

Level of trainers

These categories are important in defining who will give what type of training as various trainings may require different levels of trainers. During course design, the trainer type sought should be defined considering the level of the training. Here is the list of trainer types.

Basic Trainer: A person who is expert in his/her field and proficient service provider, who has completed a training skills /TOT course which focuses on learning the skills necessary to transfer her/his expertise to others effectively and served as a co-trainer for one or more training courses for service providers.

Advanced trainer: A proficient and experienced trainer with adequate skills necessary to effectively transfer her/his training expertise to others and has been a lead trainer for one or more courses.

Master trainer: An individual who is a lead trainer for a number of trainings and has experiences in instructional designing and training needs assessments/evaluation and has facilitated a training of trainer (TOT) courses.

Trainers Team composition

Training courses which take over days and include various topics require a team of trainers. The team should be composed of at least three individuals with complementary styles in skills and knowledge. The trainers are required to be: technically competent in their subject area, should have to be trained as trainers, have a sound experience as trainers, must also be oriented with the trainees work situation and are willing to participate in the whole training activity as a lead or co-trainer.

In a team of trainers, there needs to be a Team Leader or course director who is responsible for forming the training team or facilitate the process by working with the training coordinator/director.

Participant Selection

Selecting the right candidates for training is crucial to best training outcome. As described above, a performance needs assessment should have been conducted to determine what the target audience for the training is **currently** doing and what they **should** be doing at their job site. If the training program is focused on a new program area and/or revised national guidelines the following criteria should be taken into consideration while selecting participants for a training event:

- Participants should be working at a facility that provides (or is planning to initiate) the type of services that are the subject of the planned training.
- Participants should have the minimum educational qualifications required to provide the services for which the training is planned.
- Participants should be interested in providing the service at their workplace and permitted to do so in their scope of practice.
- Participants should not have received the training in the previous three years except in cases of refresher trainings.
- Participants should provide evidence of support from their workplace supervisor or manager to participate in the training, and to later provide the service.

Confirmation or verification has to be made as to participants coming to the training do fulfill the selection criteria. Any participant who is identified not to fulfill the criteria is subject to termination from the training.

Timelines for IST Planning

Planning for a training event should start well in advance, to ensure that the trainers have sufficient time to prepare all components of the training event. It should also include getting and maintaining stakeholders' agreement. Planning for IST should be part of the annual and biannual planning. However, a number of components of planning for a training event may be time-consuming—e.g., identifying participants, identifying trainers (especially if new trainers are going to be part of the effort), ensuring the site's readiness for the training and compliance with national training standards, and identifying and adapting training materials.

Training Session Preparation

The course director should assume full responsibility for ensuring that everything is prepared for the successful implementation of training. The trainers should coordinate with other members of the training team to prepare for and implement the training.

Most training events are organized into multiple training sessions, each of which covers a specific training topic or activity. Trainers should review the session plan before the training. During the planning and preparation phase, trainers should ensure that session plans are created and personalized for every session of the training.

Training Site Selection and Preparation

The training coordinator/director should visit the training site ahead of time to ensure that it meets the site selection criteria for the didactic (classroom) component of the training and possible clinical service component. Any classroom teaching facility used should be large enough to accommodate the anticipated number of participants, with ample space for them to move about in the room. The seating arrangement should encourage face-to-face participant interaction (e.g., a standard U-shaped or circle seating arrangement). The classroom site should preferably have 2–3 breakout rooms for smaller group work.

If the training requires clinical training practices, it is preferable if it meets the following criteria:

- It should be providing the clinical service for which the training is to be conducted.
- The clinical services being provided should meet updated national service delivery standards (which should be based on international standards).
- The client load or caseload at the site should be sufficient to allow participants to perform enough procedures to attain competency within a relatively short period of time
- It should be following standard infection prevention practices.
- The site should have adequate staffing, so that the training event does not disrupt routine activities.
- It should have adequate examination rooms, procedure rooms, and recovery rooms/areas.
- The site should have the necessary training equipment and supplies for conducting training.
- It should be fully equipped and staffed to handle any immediate procedure-related complications.

- Ideally, the site should have a qualified trainer, in-house, available to help implement and/or assist with the training.

Logistics and other arrangements

The training coordinator should be actively involved in the travel and accommodation arrangements of the participants in the training event. Though the trainers may not actually be making these arrangements, it is important that they supervise and be knowledgeable about all of the arrangements being made. It is important that the training coordinator should designate a person (or persons) to manage these tasks, if and when any problems arise. The training coordinator should coordinate closely with that designated person, checking to ensure that the following actions have been adequately completed.

- Letters of invitation for the training have been sent to all participants.
- Letters of invitation have been received by all of the participants.
- Letters of selection for participation have been issued to the participants by their supervisors/managers.
- Necessary accommodation arrangements have been made.
- Arrangements have been made for the participants to receive a per diem or allowance.
- The training team has emergency contact information for the training participants.
- Templates for training completion certificates are ready, and enough copies are available to match the number of participants.
- A person is designated to prepare the certificates and bring them to the training site before completion of the training.

Chapter Four: Implementing In-Service Training

Following are the steps for implementing an in-service training. Roles and responsibilities of the training implementation team should be clearly defined in order to ensure effectiveness and quality of the training.

A. Steps in implementing the IST

A. Pre-Course Activities	
Schedule	**Activities**

At least 4 weeks Before	Set the training date considering participants' convenience to ensure full participation. Decide on the total number of course attendants Identify and communicate with trainers Refer to the "Checklist for Preparing a Training event" (Annex IV) Identify a suitable venue Arrange for other logistics (such as lunch and coffee/tea breaks, accommodation, transportation as needed) Send invitation letters with selection criteria, requesting submission of participant enrolment forms, and providing information about logistics after completing the above activities.
At least 3 weeks Before	Inform heads of facilities for the practical attachments Send invitation to the opening and closing speakers
At least 2 weeks Before	Prepare necessary materials or training aids and print training documents Confirm practicum sites and availability of space for practical sessions Prepare follow-up of invitation letters Tabulate returned enrollment forms of attendees and check the returned enrollment forms against database for duplication of training Follow up on facilities not responded.
At least 1 week before	Confirm accommodations and logistics (venue, lunch and coffee/tea, breaks, housing, transportation etc.) Prepare final list of trainees and find replacements for those who cannot participate in the training Confirm that training equipment is functional Confirm the attendance of the speaker(s) (inviting a speaker is optional).
A day before training	Conduct orientation session for the trainers Brief trainers on important considerations, as needed Check that training equipment, materials, and teaching aids are ready Do final room set-up.
B. Activities During the Training	
Schedule	**Activities**
Day 1	Registration, introduction, distribute name tag and training materials Conduct opening speech Begin the training by introducing the course Distribute and collect trainees data forms from participants Administer pre-course knowledge assessment (pre-test) Collect travel and accommodation expense receipts (when applicable) Verify the participants against the first list and the criteria set for it Make a logistic announcement.
Ongoing	Observe training, assess learning progress, and identify any new learning needs Provide continuous feedback to trainees Confirm attendance of trainers for their sessions Provide feedback to trainers, as needed Address participants' and trainers' concerns and complaints, as appropriate Compile list of participants Prepare training certificates

	Confirm availability of the assigned person for giving a closing remark.
Daily	Conduct daily evaluation on the course and assess training coordination Analyze the main points and any problems for possible correction in the next day Conduct facilitators' daily debriefing.
C. Activities at the End of Training	
	Administer post-course knowledge assessment (post-test) and skills assessment (when applicable) Provide answers for the post test questions and discuss them Administer and collect course evaluation forms Presentation of certificates Closing speech by assigned speaker Write overall training report.

B. Role of those who are involved in the conduct of IST

Role of the IST coordinator, trainer, participants and program and facility managers

IST **Coordinator**

- Prepares training plans
- Prepares timetable/schedule for the training in collaboration with facilitators and resource persons
- Announces the course to all facilities/departments
- Contacts relevant facilitators and resource persons for the course
- Prepares materials and arrange venue for the course
- Selects and prepares field sites for the training (where practical is involved)
- Arranges for materials for practical/field experience (including transportation)
- Ensure the availability of adequate numbers of tools and materials required for the training
- Collect feedback from participants and facilitators/resource persons
- Write Training Report
- Disseminate Report: Dispatch report to higher level, Send copy to other stakeholders (including managers and supervisors of participants)
- Make arrangements for post training follow up.

Program and facility managers

- Assess training needs and prioritize with training coordinators
- Provide or look for assistance for logistics for training function including funding
- Ensure the recruitment of the appropriate participant for the training in consultation with responsible parties
- Writes invitation letters to participants and facilitators/resource persons getting them signed by the Manager
- Should ensure an enabling environment for the participant to be able to apply the new knowledge and skills the participants have acquired in the workplace
- Ensure that supplies, equipment, physical infrastructure are available for providers to be able to translate training into service
- Read training report and provide feedback to coordinators addressing concerns.

Participants

- Prepare themselves as required (read the training materials) before the training event
- Ensure that the facility head is aware of their attending the training and has approved it
- Should actively participate in the training and if not performing well should seek additional help from trainers to ensure knowledge and skills are gained
- should debrief or provide a report to the head of their facility or their supervisor and should share materials with the facility library or learning resource centre
- participate in developing work plans and take the lead with facility management in implementing the competencies they have acquired
- Share or present information learned to other staff members in the facility.

Trainers

- Review curriculum and discuss roles and responsibilities of training team in delivery of the training
- Check availability of necessary training and learning materials
- Ensure that presentations are within training content and guidelines
- Ensure that training session is followed according to prepared timetable/schedule
- Should provide feedback to the learner and follow progress
- Monitors and changes and ensures that the planned training program is completed.

C. Training Effectiveness

Training course	**For the training courses to be effective:** • Trainers and learners should both be clear about the competencies the learners are expected to master in the training course • The training methods employed should enable learners to meet the goal and objectives of the training • A mix of various training methods should be used to provide variety • Training methods that allow for interactivity, practice and feedback and practical experience that directly support the desired competencies should be prioritized • The training should be delivered in a way that helps participants build on their existing knowledge, skills and experiences • New knowledge and skills should be presented in a context that is meaningful and relevant to learners • Learners should be actively engaged in the learning process • Learners should have the opportunity to practice their new knowledge and skills • Learners should receive constructive feedback on their performance • Learners have to be given enough time to learn the course content and apply their newly acquired knowledge and skills • Trainers should accept feedback from learners and use this feedback to make improvements to the training • Training should be evaluated to measure if it meets its objectives • Crucial inputs are required from facility management, supervisors, mentors, course participants, and trainers to ensure that knowledge and skills learned are implemented into regular practice.
Training	For **effective implementation of training events**, the trainer should:

event	• Create a positive learning environment • Make effective presentations • Use questions to assess and deepen understanding • Facilitate healthy group dynamics • Use interactive training techniques • Function as leader and coach • Provide feedback to participants • Promote skills development • Review the day's activities • Report on the training event.

Creating a Positive Learning Environment

Training participants learn best when they feel comfortable in the environment in which they learn. The trainers should apply the following to create a safe environment where the participants feel comfortable to be part of the learning process.

- Link training activities to what people do at their work. Link training sessions to the participants' real-life experiences using a variety of learning methods.
- Keep their teaching techniques simple but diverse and use interactive methods to help maintain participants' interest and involvement in the learning process.
- Recognize the participants' individuality and provide them with opportunities to contribute to the training sessions/discussions.
- Treat everyone with respect, thus setting an example to the participants.
- Provide positive feedback.
- Provide corrective/constructive feedback when necessary, taking care not to embarrass the participants while doing so.
- Before starting the first session, trainers should introduce themselves and should also allow the participants to introduce themselves.

Reviewing the Day's Activities

Review of the day's activities helps to elicit feedback from the participants and co-trainers. Hence, the trainer should allocate time for the review process at the end of each day's training activities. The trainers/course director should solicit feedback from participants on the day's activities, as this information will assist the trainers in ensuring the course is on track and in making adjustments for future. The feedback can be collected in writing using daily evaluation forms or through discussions.

The trainers' team should conduct daily debriefing at which they review participants' feedback on the day's activities in order to make adjustments as needed.

Consider the following during the debriefing session

- Get each trainer's perspective on the activities covered during the day.
- Give opportunities for trainers to self-assess themselves and they should also receive feedbacks from the other trainers on how well they lead the sessions.

- Review participants' feedback and try to address their concerns if they have any.
- Discuss each trainer's role for the following day's session.
- Prepare the classroom, rearranging seating (if necessary) for the coming day.
- Set up audiovisual equipment (flipcharts, markers, overhead projectors, PowerPoint presentations, videos) and check that the models and other items needed for simulated practice are available.

Reporting on the Training Event

The training coordinator should complete a training event report within 2 weeks after completion of the training event. The training event report should capture the main points of the training event (e.g., the name of the training, the number of days for the training, the names and number of participants and trainers, and the name of the training site, including district, region, or country).

The training event report should also capture the number of participants who successfully completed the training and the scores that they achieved in the pretest and the post-test, including the outcome of the skills assessment (if conducted) for each participant. The training event information should be organized in a standard format that will assist in recording the information in a standardized training database. The training institution is expected to send the report to the respective RHB and/ or FMOH. (See a Sample Training Report Outline in Annex V.)

D. Training Certification

Certification of participants for training courses is important for recognition as it motivates learners to take on new tasks after the training. Depending on the course nature, a certificate of attendance or competency can be awarded.

Certificate of attendance is awarded for training courses that do not require assessment of competency such as workshops and refresher courses. For a participant to take a refresher course and thus to be awarded a certificate of attendance s/he is required to have a prior attendance of the course which is confirmed by the training organizer.

Certificate of competency is provided for those training courses that require pre and post course evaluation for competency. A certificate of competency is provided to a participant who gets the minimum score as stated in the training curriculum. Trainees who do not meet the minimum score shall be given adequate/additional time (during the conduct of the training workshop or after returning to their work place) to qualify for certification. Participants are also required to attend all sessions of the course and submit all the required deliverables to be eligible for certification as learners might have to go back and fulfill a precondition on the job.

Format of Certificates

Certificates for a given training course should include:

- Type of certificate: certificate of attendance or certificate of competency
- Course title
- Duration of the training and continuous education units (CEUs) earned
- Logo of the relevant stakeholders

- Full name of the trainee
- Name, title, position and signature of the relevant authority

Chapter Five: Linking In-Service Training to Performance

The purpose of IST is to contribute to the achievement of the goals of the health sector through improved performance of staff in health care delivery at all levels. Linking training to on-the-job performance is very important - this means ensuring that the participants apply the knowledge and skills acquired during the training when they return to their jobs. Trainers, supervisors, and participants (providers), are stakeholders in this effort, and they should work together to achieve better training outcomes.

The following strategies can be used for supporting transfer of skills and knowledge from training to performance.

- Action plan preparation at the end of the training
- Integrated supportive supervision
- Post-training follow-up
    - Mentoring

Action Plan Preparation

Action plan preparation at the end of inservice trainings encourages training participants to implement what they have gained from the training. It is recommended that trainers demand and guide the preparation of action plan by the participants at the end of the training. Action plan can be prepared individually or in groups. All trainees should submit their approved (by the trainers) action plan to their supervisors in the work place. Thus, action plan preparation by trainees facilitates post training follow up by their supervisors. (See Annex VI)

Integrated Supportive supervision

Supportive supervision is an approach that emphasizes mentoring, joint problem solving, and two-way communication between the supervisor and those being supervised. Supportive supervision, like post training follow-up, supports the application of skills on the job, although post training follow-up is focused specifically on providers who have recently completed training, whereas supportive supervision is a more regular, more routine, and broader function that can be applied to improving the performance of all providers at the workplace. Supportive supervision also addresses other impediments unrelated to the provider's skill level (e.g. stock-outs drugs or supplies, a lack of equipment needed for services, or a lack of adequate support from existing systems or other workplace-related factors).

Supportive supervision may be conducted by on-site or off-site supervisors (from the RHBs and/or FMOH). In either situation, Supportive supervisors help to establish the link between training and the application of skills on the job through the following planned activities:

- Orienting site management and staff to the principles of quality and the quality improvement process, and explaining how training is linked to this process.
- Training staff to define, develop, and use objectives and work plans and discussing how service delivery is affected by these processes.
- Ensuring the availability of, and adherence to, national service standards, norms, and policies, and relating them to services actually being provided.
- Ensuring the availability of, and access to, equipment, supplies, and commodities, including following correct reporting and ordering procedures.
- Identifying ways to improve the physical aspects of the site.
- Observing providers while performing clinical skills and providing constructive feedback and encouragement.
- Facilitating joint problem solving.

Post Training follow-up

Post training follow-up offers the opportunity to reinforce the trainees' knowledge, skills, and attitudes through coaching, provide feedback and encouragement, help ensure the availability of needed equipment and supplies, and problem-solve other workplace issues that hinder the application of newly acquired knowledge and skills.

The more time that elapses between the training and the use of what was learned, the less likely it is that the knowledge and skills acquired during the training will be applied. Some useful considerations for follow-up of training include the following:

- Ideally, training follow-up should be conducted no later than 2–6 months after the training event; the more frequent and/or immediate (after the training event) the follow-up is, the more likely it is that it will support the link between training and performance.
- Post training follow-up should be conducted for all trainees.
- The follow-up should be jointly provided by the trainer and by the provider's on-site or off-site supervisor(s).
- The action plans that were created during training should be used as a tool for structuring the training follow-up.
- The assessment and on-the-job coaching that occur during follow-up visits should be guided by and be consistent with national guidelines.

Planning for and Conducting Post Training Follow-Up

Trainers, supervisors and program managers (as needed) should jointly plan for training follow-up well in advance of its conduct. Important aspects to consider in planning for joint training follow-up include the following:

- The purpose of the follow-up
- The budget for follow-up
- The schedule and length of time needed for follow-up (For clinical services, length of time depends on the type of skill and volume of clients)
- The participants' action plans developed during the training
- Competency levels attained by the participants during training
- The skills needed to conduct the follow-up (If needed, local skilled service providers can be used to assess and support newly trained providers.)
- The tools needed to conduct the follow-up at the work place (e.g., interview guides, observation checklists, facility assessment guides)
- The relevant national standards and guidelines
- The specific equipment, supplies, and commodities needed at the facility to provide the specific service

If joint post training follow up is not feasible, the follow up has to be undertaken by the respective supervisor of each trainee based on the action plan prepared by the trainee.

Mentoring

Mentoring is the act of supporting and encouraging people to manage their own learning in order that they may maximize their potential, develop their skills, improve their performance and become the person they want to be. It is a powerful personal development and empowerment tool. It is an effective way of helping people to progress in their careers. It is a partnership between two people (mentor and mentee) normally working in a similar field or sharing similar experiences based upon mutual trust and respect.

Mentoring improves the skills of all kinds of health workers after training.

Clinical Mentoring

Clinical mentorship is a system of practical training and consultation that fosters ongoing professional development to yield sustainable high-quality clinical care outcomes. A clinical mentor is a clinician with substantial expertise in a given clinical practice who can provide ongoing mentoring to less-experienced clinical care providers by responding to questions, reviewing clinical cases, providing feedback and assisting in case management. This mentoring occurs during site visits as well as via ongoing phone and e-mail consultation. Clinical mentoring is critical to building successful networks of trained health care workers in resource-constrained settings. Please refer to the Ethiopian national clinical mentoring guidelines for details of clinical mentoring strategies and its monitoring can be referred from.

Chapter Six: Monitoring and Evaluating In-Service Training

An inservice training has to be monitored and evaluated. Monitoring and evaluation of inservice trainings is the responsibility of training institutes, RHBs and FMOH.

Guidelines for monitoring and evaluating IST

- All IST activities shall be closely monitored and evaluated regularly for their effectiveness based on predetermined objectives
- All IST plans shall indicate clearly how they will be monitored and evaluated
- Reports on monitoring and evaluation shall be prepared and circulated to all relevant stakeholders regularly
- Monitoring of post training performances of staff shall be streamlined and strengthened at all levels
- There shall be review meetings involving resource persons and training coordinators

Evaluation of training takes place at two stages: during the training and after the training.

During the training, evaluation consists of two levels of assessment:

1. The participants'/trainees' reaction to the training. The following are tools that can be used to assess reaction:

- Daily participant feedback (oral or written) (See Annex VII)
- Trainer Evaluation (See Annex VIII)
- Daily trainers' meeting
- End-of-session written evaluation (See Annex IX)
- End-of-training evaluation (See Annex X)
    - End of training participants' discussion

2. The learning that took place as a result of the training. The following are tools used to assess change in knowledge and/or skills:

- Knowledge-based assessments (e.g., pretest and post-test questionnaire)
- Competency-based skills assessment checklists

After the training, evaluation also consists of two levels of assessment:

1. Whether the participants/trainees have been able to apply the knowledge, skills, and attitudes acquired during training at their work sites. The assessment techniques include:

- Site visit evaluation
- Interviewing the provider(s) who completed training
- Interviewing the supervisor/facility manager
- Competency-based skill assessment
- Self-assessment by providers who completed training

2. Whether the training made an impact on service delivery outcomes. The evaluation techniques include:

- Service delivery statistics
- Client exit interviews or public opinion survey
- Client record reviews
- Observation at the facility

Part II: Institutionalization of In-service Trainings

Chapter One: Selection and Capacity Building of Local Training Institutions

Selection of Local Training Institutions and Practicum Sites

As this is a national program that will address all future in-service trainings, it is very important to set clear criteria to select in-service training institutions throughout the country. Selection of the training institutions shall be undertaken by FMOH in collaboration with RHBs. Capacity building of the selected training institutions shall be undertaken by the collaboration of FMOH, development partners, RHBs, and the training institutions themselves. The FMOH will set clear criteria considering the following major points.

- Geographical distribution and proximity – the training institutions have to be fairly distributed throughout the country; the establishment of the institutions has to minimize travel time taken to reach the training institutions.
- Equity– In-service training institutions should be fairly distributed in all regions.
- Access to road and availability of transportation facilities to the training centers.
- Availability of required infrastructure (e.g. electricity, internet) to undertake training activities

Capacity Building of Selected Training Institutions

Selected universities, health science colleges, professional associations, and other in-service training centers shall be used for the provision of in-service trainings to health workers. Selected hospitals and health centers shall be used as clinical training sites. However, most of these potential training institutions and clinical training sites do not have the required capacity in terms of infrastructure and human resources. Therefore, different stakeholders - government and development partners– should collaborate to build the capacity of these training institutions to have the capability to plan, implement, and evaluate; and maintain effective, efficient and sustainable training programs based on the identified needs.

The FMOH will facilitate the capacity building of all selected training institutions and clinical training sites in the country. Regional Health Bureaus will be responsible for facilitating the capacity building of the institutions and the training sites in their respective regions. Particularly in the short term development partners should provide technical and financial support to the institutions to help them fulfill the minimum requirements set in this Guide. However, training institutions and sites must understand that they are the most important actors to build their own capacity for the delivery of in-service trainings.

Detailed roles and responsibilities of various stakeholders are described in the 'roles and responsibilities' chapter of this Guide.

Chapter Two: Requirements for In-service Training Institution and sites

In- service training institutions must fulfill the requirements set in this Guide to deliver standardized in-service trainings. The requirements include human resources to facilitate the trainings, physical infrastructure whereby the trainings will be conducted, basic accommodation, catering establishments, refreshment services and materials, equipment and ICT services for the trainees. Training institutions have to strive to fulfill the following requirements.

1. **Human resources**

   i. **Technical staff (trainers)**: Trainers from the national pool of trainers in the IST data base can be used to conduct IST courses. Nevertheless, training institutions should have a minimum of one in house trainer.

   ii. **Managerial and support staff**: The needs for managerial and support staff depends on the stage of the institutionalization and whether fully fledged in-service training is established or not. Accordingly, managerial and support staffs required to initiate and support the in-service training in the local institutions include:

   - Training Director/coordinator
   - Administrative Assistant/secretary
   - IT Officer

2. **Physical infrastructure**

Selected training institutions should fulfill the following infrastructure requirements.

- One training auditorium which can accommodate a minimum of 25 participants
- Internet service has to be available for both trainers and trainees
- One breakout room which can accommodate a minimum of 15 participants
- One ICT room/Library which can serve a minimum of 30 trainees (having 30 desk top computers)
- A hostel/dormitory which can accommodate a minimum of 30 trainees
- One Cafeteria which can accommodate a minimum of 35 people

3. **Materials and equipment**- Training institutions public/ private selected to provide in-service training activities need to fulfill the minimum requirements to print and copy training materials, provide audio-visual aids and ICT materials to facilitate the teaching learning process. Accordingly, the minimum requirements shall be as follows.

- One laptop computer
- Thirty desk top computers
- One LCD projector
- One printer
- One photocopier
- A White board and a flip chart stand
- Stationary materials like white board and flip chart markers

Nevertheless, professional associations can provide in-service trainings using the facilities of another local training institute.

Training institutions will select nearby hospitals and/or health centers as their practicum sites. Clinical training sites must fulfill the following requirements. (See annex XI)

- The required health service (for the training) must be available.
- Appropriate case load/sample has to be in place for the required services.
- One separate examination room for each of the required services.
- A training/orientation room that can accommodate at least 15 people at a time.

If the above requirements are not fulfilled in selected training institutions, the training institutions shall build the required capacity in collaboration with FMOH, RHBs and development partners.

Chapter three: Management and organization of In-service Training

In-service training (IST) is part of HRH development endeavor at the various administrative levels and it has to be delivered throughout the employment period of employees to update and improve the knowledge, attitude and skill of health workers for continuous quality improvement of health care. As it is part of the annual and long term human resource development plan, IST has to be need based and properly planned. Establishing effective, long-term, institutionalized in-service training requires a planned cycle in which a training needs assessment leads to a training plan and systematic implementation followed by training

evaluation. Annual training needs assessment shall be done at the level of facilities and institutions so that RHBs shall have a compiled training need of the respective region. Finally, the compiled need assessment report shall be sent to FMOH.

Regional Health Bureaus/FMOH shall work in collaboration with training institutions to train their employees based on the assessed need. Training institutions will deliver the trainings according to this Guide and report to the RHBs and/or FMOH after conducting a training workshop. The implementation of the trainings has to be monitored every year by the RHBs/FMOH and training institutions. The findings of training monitoring should be linked with the next round of training needs assessment.

The process of institutionalization starts with the identification and selection of local training institutions for capacity building. Training institutions will select their own practicum sites which could be at Woreda, Zonal or Regional level based on need and the level of health workers to be trained. Then the training institutions shall build their own capacity in collaboration with FMOH, RHBs and development partners.

In-Service Training (IST) will be managed at various levels. These are national, regional, zonal, Woreda and institutional levels. The FMOH has established In-service Training team in HRH Directorate which will oversee the overall institutionalization of in-service trainings in the country. Regional Health Bureaus shall establish In-service Training Units/Coordinating body to oversee the implementation of in-service trainings in the respective regions. Such units should also be established at the Zonal and Woreda levels. Each selected training institution has to establish an in-service training unit/department. Furthermore, selected practicum sites should assign a focal person to facilitate in-service trainings in the respective site.

Federal Ministry of health has established In-service Training technical working group (TWG) to facilitate the in-service training standardization and institutionalization process in the country. The TWG is being and will be chaired by FMOH. The members are selected from, professional associations (PAs), development partners and training institutes. The principal responsibility of the working group shall be provision of technical support to the IST program.

Chapter Four: Roles and Responsibilities of Stakeholders

In-service training standardization and institutionalization requires the collaborative efforts of the following major stakeholders.

1. Federal Ministry of Health (FMOH)

The FMOH offers a national guidance for the implementation of in-service training in all in-service training institutions in the different stages of IST standardization and institutionalization. The major roles and responsibilities of FMOH include:

- National coordination of the overall IST standardization and institutionalization process
- Resource mapping, identification and mobilization
- Coordinate the selection and capacity building of training institutions in collaboration with RHBs and the respective training institutions
- Facilitate the conduct of annual training needs assessment and its reporting by RHBs
- Mentor training institutions in collaboration with development partners
- Development/revision of training manuals and guidelines in collaboration with relevant stakeholders
- Establish and maintain national IST database
- Monitor and Evaluate the IST program

2. Food, Medicine, Health Services, Administration and Control Authority (FMHACA)

- Development and implementation of national guidelines and directives for accreditation of continuing professional development (CPD) activities including IST
- Accreditation of IST institutions as CPD providers
- Approve continuing education units (CEUs) of IST courses
- Monitoring of in-service training providers in collaboration with FMOH

3. Regional Health Bureaus (RHBs)

- Participate in the selection and capacity building of training institutes and sites in collaboration with FMOH, development partners, and the respective training institutes
- Local resource mapping, identification and mobilization
- Mentor training institutes in the respective regions
- Conduct annual Training Needs Assessment at regional level and report the results to FMOH
- Develop the regional IST implementation plan
- Implement and monitor regional IST program
- Monitoring and evaluation IST programs within the regions as per this Guide

- Establish and maintain regional IST database
- Report the progress of IST program implementation to FMOH quarterly

4. Zonal Health Departments/Sub city/Woreda Health Offices

- Identify Training Needs for staffs at facility and administrative offices
- Plan and coordinate IST with RHBs and training institutions
- Collect and analyze IST data and use IST information
- Maintain Zonal/Woreda IST database
- Report the status of IST implementation to the RHBs quarterly

5. Local In-service Training Institutions

- Establish in-service training unit/department to manage in-service training in the respective center
- Select qualified and experienced trainers from the national/regional pool of trainers for IST in collaboration with RHBs and /or FMOH.
- Provide space for training auditorium and other required facilities to conduct training/workshops
- Use standardized FMOH approved training modules or manuals whose content and methodology must be adhered to
- Participate in the development and revision of training courses in collaboration with FMOH.
- Acquire accreditation from FMHACA as CPD provider
- Identify and select clinical attachment/training sites in collaboration with FMOH & the respective RHB
- Document and report training activities to the respective RHB and FMOH.
- Evaluate their training activities and act accordingly; disseminate and publish their experiences.

6. Professional Associations

- Acquire accreditation from FMHACA as CPD provider
- Undertake need assessment and identify areas of training for CPD of health workers

- Design CPD courses for health workers
- Provide CPD courses for health workers
- Evaluate their CPD activities and act accordingly

7. Practicum Sites

- Assign a focal person to facilitate the training activities in the respective site
- Avail the required space and infrastructure for in-service training activities conducted in the site in collaboration with the respective training institution
- Report to the respective training institution and RHB (Zonal Health Department/ Woreda Health Office)

8. Health Facilities

- Undertake annual training needs assessment for their employees
- Report the result of the training needs assessment to the respective RHB/Zonal Health Department/Sub city/Woreda Health Office
- Send appropriate candidates for training as per the need assessment result when requested by the RHB or FMOH.
- Facilitate trained employees serve the facility using the knowledge and skills acquired during the training.
- Conduct post training follow up to employees in collaboration with the respective training institution
- Participate in the monitoring and evaluation of IST

9. Development Partners

- Provide technical and financial support for the IST standardization and institutionalization
- Align their training activities with FMOH and RHBs
- Transition their training activities to local institutions
- Support FMOH in curriculum development and standardization of in-service trainings
- Support FMOH & RHBs in training needs assessment

Chapter Five: Financial arrangement for in-service training activities

A fully institutionalized in-service training program needs the organization-wide identification of training needs, planning, implementation, and evaluation. These activities have to be supported by clear financial policies and guidelines. Once training centers are set up, institutions need to develop an operational manual that help them run it. It is recommended that the manual includes the following sections.

- Background - rationale, objective,
- Training center set up: human resources, infrastructure, training aids etc.
- Training topics/subjects in general
- Management system: organizational structure, duties and responsibilities of the staff, resource management guideline (Refreshment, transport etc.)
- Monitoring and Evaluation

The ministry and RHBs need financial resources to ensure adequate in-service training for health workers in a sustainable manner. Over the past several years, the Ministry of health has been financing in-service training with its own funds or through development partners; however this was not systematized and therefore could not be relied on as a sustainable program.

For in-service training institutionalization a self sustained supportive monetary system has to be in place so that the selected training institutions thrive and successfully conduct the trainings. The existence and sufficiency of a training budget is at the foundation of any training capacity. However, how diversified and independent this budget is from external sources will be a further indication of building own capacity and sustainability. The financial strategies must look into diverse funding sources based on realistic analysis of present and future situations as sustainability is linked with a funding cycle.

Based on the above concept of institutionalization of in-service trainings, the FMOH recommends the following steps to establish a self sustainable system in the short and long-term. This is to facilitate the establishment of self sustained and self governed monetary system in the training institutions selected to provide in-service training. The training institutions with the support of stakeholders including FMOH and development partners shall implement the financial mechanisms.

- Sub-contracting fund from development partners in the short term (transitional period)
- Development partners providing financial support to FMOH & RHBs for the purpose of purchasing IST service from local training institutions.
- Organizing and identifying sponsoring organizations (private fees)

- Establish a system where by employers (health facilities/RHBs/FMOH) either pay or find sponsors for the training of their own employees
- Establish a system where by health workers pay for their own trainings for certain courses
- Create a self sustained finance generating system (cost recovery system) for the training institutions
- Training institutes should also find sponsors/funders by preparing quality proposals for the delivery of need based trainings for health workers

Payment of trainers and trainees of IST

In undertaking in-service trainings, payments may need to be made to trainers and trainees. Professional fee to trainers has to be paid by the training institutions. Training institutions shall set their own payment scheme considering pre-existing payment mechanisms in the organization and sustainability of the IST program.

It is expected that training institutions shall provide full board accommodation to trainers and trainees who are relocated for the purpose of the IST course. Provision of accommodation facilities will facilitate the smooth conduct of trainings and increase revenues of the training institutions for the sustainability of the program. Training institutions will pay a small amount of pocket money to relocated trainees. On the other hand, transport payment should be made to trainees residing in the city the training is being conducted. Providing lunch to all participants (including participants from the city/town the training is being conducted) facilitates the smooth conduct of the trainings and improves attendance of trainees.

Chapter Six: Monitoring and Evaluation of IST Program

In-service training standardization and institutionalization is one of the priorities of the FMOH. It is believed that in-service training standardization and institutionalization will improve the quality of health care delivery through sustainable in-service training programs. However, these benefits will result if the IST program is properly planned and implemented. Monitoring and evaluation (M&E) of the program will help to solve challenges in its implementation. The result of M&E will be used for taking corrective actions and identifying new strategies.

What to monitor and evaluate?

The ultimate objective of in-service training institutionalization and institutionalization is to enable an adequate number of local training institutions to deliver standardized in-service trainings in a sustainable manner. Thus, the major indicators for monitoring and evaluation include:

- Proportion of selected local training institutions who fulfill the criteria set in this Guide
- Number of local training institutions delivering in-service trainings
- Proportion of local training institutions who are accredited by FMHACA
- Proportion of standardized training curricula
- Percentage of in-service training financing contributed by local sources

When and How to Monitor and Evaluate the Program?

The in-service training program has to be monitored every 6 month at the regional and national level. The following modalities of monitoring can be used.

- Analysis of records and reports during supportive supervision
- Undertaking review meetings with relevant stakeholders
- Rapid assessment

Evaluation of the overall program shall be undertaken in 2 and half years time and 5 years after formal launching of the standardization and institutionalization process. The following methods of evaluation can be used.

- Analysis of records and reports
- Qualitative studies like in-depth interviews and focus group discussions
- Surveys

In-service Training Data Base

A data base will be set up to capture and track information on in-service trainings. The in-service training data base in Ethiopia shall be linked to the human resource information system (HRIS). The IST data base has to be developed and maintained at the level of training institutions, RHBs and FMOH. The data base will track trainees and trainers to avoid duplication and select the right training for ISTs respectively. The national and regional IST data bases shall be regularly revised by FMOH and/or RHBs and will be shared with training institutions.

Monitoring and Evaluation Logic Model

The M&E framework of institutionalizing in-service training consists of essential elements for the process of standardization and institutionalization. However, RHBs and training

institutions should develop their own monitoring and evaluation tool based on the following M&E framework.

Sample M&E Conceptual Framework for In-service Training Institutionalization

Input	Process	Output	Outcome	Impact
• IST strategy, Directive and Implementation Guide • Training coordination units • IST implementation action plan • Training personnel • Infrastructure • Materials & equipment • Financial resources for training • TA provided by relevant stakeholders for implementation of in-service training	• Institutional capacity building technical assistance and mentorship • Identifying training needs • Review/Develop training manuals and curricula • Standardize IST Curricula • Deliver ISTs • Mentor IST providers • Supervise and monitor the implementation of the program	• Selected IST institutions fulfill minimum requirements • Annual training needs assessment performed • Standardized IST Curricula • Standardized and need based ISTs provided by local institutions	• Institutionalized in-service trainings of health workers • The quality of ISTs improved • Improved competency of health workers	• Improved Performance of health workers • The quality of health care delivery improved

Annexes

Annex I: Performance Gap Needs Assessment

A training needs assessment typically includes the steps listed below.

Determine whether training is needed:

- What is the problem, issue, or performance gap?
- What is the cause of the problem, issue, or performance gap?
- Is training the solution?
    - Identify the target audience for the training
    - Determine the desired outcomes of the training
    - Determine the content and scope of the training

A training needs assessment should answer the following questions:

- Who needs to be trained? What are the learners' current roles and responsibilities?
- What are the learners' job-related needs?
- What are the required competencies learners need in order to perform their jobs?
- What existing knowledge and skills do they have?
- What previous trainings have they had?

Steps for undertaking performance gap need assessment

1. Define the desired performance: What should the target audience be doing? Describe it in as much detail as possible.
2. Describe the actual performance.
3. Conduct a root cause analysis: A root cause analysis seeks to determine the reason why there is a performance gap between what the audience is actually doing and what they should be doing.
4. Articulate the questions to be answered, and select appropriate data-collection methods.
5. Collect and analyze the data.
6. Select the appropriate intervention to "close the gap" (i.e., improve performance). Note that the appropriate intervention may or may not be training.

Causes of Performance Gaps

Training is generally conducted to address a gap in performance of expected tasks or competencies. Before determining that training is the solution, the cause of the performance gap needs to be identified.

Possible causes of performance gap:

- Cognitive/psychomotor discrepancy—lack of knowledge and/or skills necessary to perform tasks.
- Affective—motivation, religious or cultural beliefs, values and/or attitudes.
- Systems—resources (space, human resources, drugs, supervision and support, laboratory equipment) and/or lack of clarity in roles.

It should be noted that that training is not the solution when the cause of the performance gap is related to resource or systems issues.

Annex II: IST Courses Standardization Checklist

Assessment Checklist	
2.1	The course has a clearly stated overall "**Goal**" or "**Aim**" (statement that describes in broad terms what the participant will gain from the training)
2.2	Target Audience has to be clearly mentioned
2.3	Instructors qualification and other requirements has to be described
2.4	Need assessment should have been performed before the design of the course if the course is newly introduced
2.5	Core **competencies** are defined for the target cadre of the training course (these define the "tasks" that participants will be able to do after the training)
2.6	The training course has clear, measurable **learning objectives** (statements in specific and measurable terms that describe what the participant will *know* or be able to *do* as a result of engaging in the training – ***see annex III, "Preparing Appropriate Learning Objectives")***
2.7	The course includes learning objectives that address the relevant **domains of learning**: cognitive, psychomotor, and affective ("knowledge, attitude, practice").
2.8	Each **session** in the course includes specific, measurable, and achievable learning objectives.
2.9	The **content** of each session is aligned with the session's learning objectives
2.10	**Training methods** used are appropriate for the learning objectives
2.11	The curriculum includes **interactive training methods** designed to build on existing skills, knowledge, and experience of the participant and engage the participant in the learning process.
Training Package includes:	
3.1	Facilitator's Guide with: a. Goal and learning objectives for the course b. Suggestions for creating a conducive learning environment c. Learning materials and equipment needed for delivering the course d. Step-by-step instructions and methods for presenting the content of each session e. Clear instructions to help trainer effectively lead active learning exercises (group discussions, case studies, role plays, etc.) f. Answers for tests, quizzes, case studies g. Key points/messages h. Materials and guidelines for evaluating the training
3.2	Participant manual
3.3	Participant reference materials, resource materials as needed
3.4	Course timetable and schedule
3.5	Session outlines and descriptions
3.6	Handouts, worksheets, guidelines, job aids necessary to support learning
3.7	Audio-visual materials for delivering the course as appropriate: e.g., slides, DVD/videos, overhead transparencies
3.8	Guidelines and forms for evaluation of the training, including outcome evaluation if relevant.

3.9	Pre-/post-test or any other relevant assessment to measure achievement of learning objectives of the course as appropriate.

Annex III: Preparing Appropriate Learning Objectives

Learning objectives have to be specific and relevant to the course or the chapter. They have to be stated in measurable terms using action verbs. The following is a suggested approach to developing specific learning objectives.

Step One: Since objectives usually complete the sentence, "By the end of this session, participants should be able to…….", begin with that statement in mind.

Step Two: Connect the statement in step one with a clear word or phrase which communicates the performance by the learner. For example: identify, translate, analyze, explain, integrate, formulate, evaluate, argue, justify.

Note: The following words are not appropriate because they are not easily measurable and they are open to many interpretations: know, understand, appreciate, believe value, apply scientific knowledge to, or develop knowledge of.

Step Three: Finish with the specifics of what the learner will be doing when demonstrating achievement or mastery of the objective. The entire objective is the intended outcome or results of the instruction.

Examples: By the end of this chapter, participants should be able to:

- List the causes of immunodeficiency
- Describe the steps of health planning
- Interpret laboratory findings of HIV infected individuals.
- Explain the benefits of Isoniazid Prophylaxis Therapy in HIV infected individuals.

Annex IV: Training Reporting Format/outline

The following major points should be incorporated in a training report.

1. Executive Summary
2. Background and context
3. Purpose and Objectives of the training
4. Training Content
5. Workshop preparation and methodology
6. Highlights of the training
7. Key workshop outcomes
8. Training Evaluation
9. Next Steps
    - Participants' action plans
    - Follow-up
10. Attachments
    - List of participants
    - Training Agenda
    - End of course of evaluation
    - Trainer evaluation

Annex V: Sample Action Plan for Linking Training to Performance

Action Plan				
Learner:			Course:	Date:
My Support Team:	Supervisor: Trainer: Co-Worker(s):			
Specific areas to improve: (Write down distinct accomplishments and activities to achieve)				
Issues to address: (Describe the barriers that must be eliminated or reduced and how this will be done)				
Detailed Specific actions (in Sequence)- include regular progress reviews with support team as part of the specific actions	Responsible Person (s)	Resources	Date/Time	Changes to look for
Step 1				
Step 2				
Step 3				
Step 4				
Step 5				
Step 6				
Step 7				
*Establish set day and time for ongoing activities				
Commitment of the action plan team: I support the action plan described above and will complete the actions assigned to me. If I am unable to complete an activity. I will help make accordingly.		Signature of learner: Date: Signature of supervisor: Signature of trainer: Signature of Co-worker:		

Annex VI: Daily Participant Feedback (Reflection) Form

Instructions: Write down in a few sentences your reaction to today's sessions.

1) The *one* thing that I learned today and that I want to remember and share with others is:

2) The information (or exercise or activity) that I found *most* interesting and useful today was:

3) The one suggestion I have for how the session could be improved is:

ADDITIONAL COMMENTS:

Annex VII: Trainer evaluation format (to be completed by trainees)

Name of Trainer: _____ Training Event: _____

Instructions: Please circle the rating scale that best reflects your opinion about the trainer's performance of each task/activity (N/O=not observed; N/A= not applicable).

The Trainer:	**Rating**			
1. Made me feel welcome.	yes	No	N/O	N/A
2. Clearly stated the learning objectives	yes	No	N/O	N/A
3. Outlined clearly the standard of performance expected of me by the end of the training event.	yes	No	N/O	N/A
4. Demonstrated the skills through role play or by using learning models before demonstrating with clients.	yes	No	N/O	N/A
5. Used a skills checklist to give me feedback on my performance.	yes	No	N/O	N/A
6. Gave constructive feedback on my performance, offering suggestions for improvement.	yes	No	N/O	N/A
7. Provided me with adequate opportunity to practice and achieve competency in the new skills.	yes	No	N/O	N/A
8. Assessed my skills on learning models (or in simulated settings) before initiating the skills training with clients.	yes	No	N/O	N/A
9. Encouraged interaction among the participants.	yes	No	N/O	N/A
10. Was sensitive to any feelings or anxiety I may have exhibited when learning new skills.	yes	No	N/O	N/A
11. Made it easy for me to ask questions or express my concerns.	yes	No	N/O	N/A
12. Met with me to discuss my performance following each practice session with a client.	yes	No	N/O	N/A

Additional comments:

Annex VIII: Sample End-of-Session Evaluation Format

Session Title: _____ Trainer: _____

Instruction: Please circle the number that best reflects your opinion about the session, using the following rating scale: **5—Excellent, 4—Very Good, 3—Average, 2—Poor, 1—Unacceptable**

1. The trainer clearly stated instructional objectives. (5 4 3 2 1)
2. The trainer communicated effectively. (5 4 3 2 1)
3. The information presented was new to me. (5 4 3 2 1)
4. The trainer used a variety of audiovisuals. (5 4 3 2 1)
5. The trainer was enthusiastic about the subject. (5 4 3 2 1)
6. The session content was practical and not too theoretical. (5 4 3 2 1)
7. The session was well-organized. (5 4 3 2 1)
8. The trainer asked questions and involved me in the session. (5 4 3 2 1)
9. The content was relevant to my work. (5 4 3 2 1)
10. The session made me feel more competent in my work. (5 4 3 2 1)

Which aspects of the session were not clear?

Additional comments:

Annex IX: Sample End-of-training Evaluation Format

Training Name: _____ Training Dates: From _____ To _____

Instruction: Please answer the questions, as directed, to best reflect your assessment of the training course. Your response will assist in determining what modifications should be made to strengthen the course.

A. Please circle the number that best reflects your assessment of the training course, using the rating scale given: **5—Very good, 4—Good, 3—Average, 2—Poor, 1—Very poor**

1. Achievement of course objectives (5 4 3 2 1)
2. Achievement of personal expectations (5 4 3 2 1)
3. Relevance of course to your work (5 4 3 2 1)
4. Usefulness of training materials (5 4 3 2 1)
5. Organization of the course (5 4 3 2 1)
6. Training facilities (5 4 3 2 1)
7. Administrative support (5 4 3 2 1)
8. Travel arrangements (5 4 3 2 1)
9. Accommodations (5 4 3 2 1)
10. Overall quality of the training (5 4 3 2 1)

B. Course length: _____ Too long _____ Too short _____ Just right

C. What topics covered in this course do you think will be most useful to you in your work?

D. On which topics would you have liked more information or have preferred to spend more time?

E. On which topics would you have liked less information or have preferred to spend less time?

F. Additional Comments

Annex X: Checklist for training/practicum site selection and preparation

Name of the health facility: _____Date of visit:_____

A Clinical training/Practicum site is expected to meet the following criteria.

No.	Criteria	Status		Remark
		Yes	No	
1.	Is the facility in the range of 50 kilometers from the training institution?			
2.	Is a local transport service accessible?			
3.	Does the facility have accommodation facilities (hotel or guest house) in the vicinity?			
4.	Are there required services (for the training) at the facility?			
5.	Does the facility provide the above services all throughout the year?			
6.	Is the facility management seeing the establishment of the training site as an opportunity and willing to collaborate or be supportive?			
7.	How do the staff training profile look like?			How many? Their qualification
8.	Does the facility have at least one trained staff that can provide each of the required services during the trainings?			
9.	What is the average No of clients, for each the required services per week?			
10.	Is the case load at the site sufficient to allow participants to perform the required procedure at a training session?			If the cases are fewer than the No specified for one week, you may mention the number.
11.	Does the facility have at least one separate examination room for each of the required			

	services?			
12.	Does the facility have at least one procedure room for each of the required services?			
Training room				
13.	Is there a training room that can accommodate at least 15 people at a time?			
14.	If there is no training room, is there a room that could easily be turned into a training room with slight renovation?			
15.	Is the training rooms located in less traffic area (less noisy)?			
16.	Are there sitting chairs and small tables?			How many?
17.	Is there electric supply and power outlet in the training rooms?			
18.	Is/are the room/s adequate light and ventilation?			

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