

# Process Evaluation: Transition and Institutionalization of I-TECH Ethiopia's In-Service Training Program in the Amhara and Tigray Regions

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**Final Report  
March 2015  
Addis Ababa**



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# Acronyms

ART – Anti-Retroviral Treatment

CDC – Centers for Disease Prevention and Control

CLASS – Clinical Assessment for Systems Strengthening

FHAPCO - Federal HIV/AIDS Prevention and Control Office

HCP – Health Care Provider

HRSA – Health Resources and Services Administration

GU – Gondar University

HIV/AIDS – Human Immuno-deficiency Virus/Acquired Immuno-Deficiency Syndrome

I-TECH – International Training & Education for Health

FMOH – Federal Ministry of Health

KIR – Key Informant Respondent

LCD – Liquid Crystal Display (Projector)

M&E – Monitoring and Evaluation

MNCH – Maternal, Neonatal and Child Health

MOU – Memorandum of Understanding

MU – Mekelle University

PMTCT – Prevention of Mother to Child Transmission

RHB – Regional Health Bureau

SOP – Standard Operating Procedures

STI – Sexually Transmitted Infections

TB - Tuberculosis

TOT – Training of Trainers

TrainSMART - Training System Monitoring and Reporting Tool

US – United States

WHO – World Health Organization

WU – Wollo University

## Summary

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This is a report of a process evaluation that has been conducted to assess the transition and institutionalization of in-service training (IST) program that are supported by the International Training and Education Center for Health (I-TECH) Ethiopia. I-TECH, Ethiopia has been providing IST for health care providers at a national level on various HIV-related topics since 2004. However, because of the expansion of PEPFAR I in Ethiopia and based on the policies and guidelines of the Federal Ministry of Health (FMOH), its mandate shifted from national level to providing training and technical, clinical, laboratory, and operational support in the three regions namely Afar, Amhara and Tigray. As per PEPFAR II strategic direction, IST program was gradually transitioned to local academic institutions and Regional Health Bureaus (RHBs) with aims of government ownership, institutionalization and sustainability. The evaluation made for this report was, thus, aimed at assessing and documenting, strengths, limitations, and lessons learned related to the I-TECH Ethiopia's IST program institutionalization process in two regions (Amhara and Tigray) of Ethiopia.

Mixed methods (both quantitative and qualitative) were used for this process evaluation. Semi-structured key informant interviews were done for the qualitative data collection, while structured telephone interviews and review of the pattern of utilization of the TrainSMART software (I-TECH's open-source, web-based training data collection system) were used for the quantitative part. In addition, relevant literature and documents related to the program were reviewed.

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The results of the process evaluation largely demonstrated that the quality of IST activities delivered by the local universities as being satisfactorily evaluated by trainees in terms of format, content, organization, training resources, as well as quality of trainers. However, the results have also indicated the presence of many areas of opportunities for improvement in the institutionalization process of the IST activities. Among these can be included: strengthening the collaborative working atmosphere among key stakeholders regarding the ownership of the program; and strengthening mechanisms for needs assessment, reporting, documenting as well as instituting proper frameworks for monitoring and evaluation of the IST program.





# **1. Background and Objectives**

## ***Background:***

The International Training & Education Center for Health (I-TECH) is founded in 2002 by the US Health Resources and Services Administration (HRSA) in collaboration with the US Centers for Diseases Control and Prevention (CDC). I-TECH is a collaboration of the University of Washington, and the University of California San Francisco<sup>1</sup>. I-TECH Ethiopia, established in 2003, has been providing in-service training (IST) for health care providers on various HIV-related topics since 2004. From 2003 to 2005, I-TECH Ethiopia worked with and provided technical and financial assistance to Federal HIV/AIDS Prevention and Control Office (FHAPCO) and Federal Ministry of Health (FMOH) for the implementation and scale-up of the ART Program. In 2006, PEPFAR Ethiopia was expanded; because of this, I-TECH Ethiopia's mandate shifted from national level to the three regions located in the northern part of Ethiopia (Afar, Amhara, and Tigray) to provide training and an array of technical, clinical, laboratory, and operational support to RHBs, Regional Labs, and health facilities in comprehensive HIV and AIDS programs and health systems strengthening.<sup>2</sup>

Providing IST to doctors, health officers, nurses, pharmacy personnel and lab professionals to prepare them to assume primary medical care of persons living with HIV is one of the

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<sup>1</sup> International Training & Education for Health (I-TECH), Ethiopia. In-service training program: History and achievements. Presentation. Addis Ababa; I-TECH, Ethiopia, 2014.

<sup>2</sup> I-TECH Ethiopia website. <http://www.go2itech.org/where-we-work/ethiopia>.

major areas of human capacity building efforts of I-TECH Ethiopia. According to historical records available at I-TECH Ethiopia<sup>3</sup>, involvement of local training institutions and RHBs in IST activities was minimal before 2009. Even though there was some involvement of RHBs, most of the training was provided by I-TECH. The IST used to be provided using traditional models within hotels and training sites that are located in areas that are non-proximal to the trainees and their health institutions. The cost of travels and overheads for such trainings has been one of the concerns about the future sustainability of the IST, in addition to the lack of clear components for local capacity building and ownership. Therefore, I-TECH Ethiopia started the institutionalization process in 2010 as a pilot project by subcontracting University of Gondar (UoG) to provide most of the IST allocated for Western Amhara region. The arrangement was that universities to provide the training and the regions to be owners and regulators. Following that, in 2010 the role of RHBs in the training process started to get magnified and 90% of the trainings were given in the regions, 100% of TOTs were from the regions and 6.5% of I-TECH trainings were implemented by the UoG as pilot project. During 2011-2012, 60.8% of the trainings were handed over to universities (Gondar and Mekelle), and I-TECH's role has changed to strengthening institutionalizing IST in terms of human and institutional capacity building of the universities and at the same time ensuring ownership and sustainability.

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<sup>3</sup> I-TECH's presentation slide: ***"In-service Training Program: History and Achievements"*** and ***"IST Institutionalization Document"***. Presented at the IST institutionalization workshop (01 March 2014). Addis Ababa; I-TECH, 2014.

Among the major achievements of IST and its institutionalization during the three phases include:

1. Phase I (2004 to 2010) – Training of 21,472 health care providers and 422 trainers;
2. Phase II (April 2010 – May 2014) –renovating as well as equipping and furnishing training halls and establishing coordination offices in the universities;
  - Hiring project staff, and installation of TrainSMART Software in the universities (Gondar, Mekelle, and Wollo) and the RHBs (Amhara and Tigray); and
  - Renovating cafeteria – partially accomplished in Gondar and in process in Mekelle.
  - Universities trained 3,393 Health Care providers
3. Phase III (March 2014 - September 2014) – Accelerating the transition and institutionalization process through a consultative workshop of key stakeholders (FMOH, RHBs, Universities, I-TECH Ethiopia and CDC Ethiopia) and phasing out of I-TECH project.

As the IST institutionalization process was aimed at ensuring that RHBs and local universities have the capacity to deliver high quality trainings as a way to promote the continued development of health care providers<sup>4</sup>, the need for evaluation that will document the achievements and challenges of the institutionalization process of IST has led to the commissioning of this study.

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<sup>4</sup> International Training & Education for Health (I-TECH), Ethiopia. Achievements of the training department of the I-TECH Ethiopia and the way forward: A proposal for smooth transition of I-TECH in-service training program. Addis Ababa; I-TECH, Ethiopia, 2010.

## ***Objectives:***

As per the TOR provided,<sup>5</sup> the overall objective of this evaluation is to assess and document, strengths, limitations, and lessons learned related to the IST institutionalization process and to provide I-TECH, its partner universities, and the respective RHBs with the knowledge to improve the approach to institutionalization in the future.

The main research questions that the evaluation intended to address were:

1. Whether the IST transition was being carried out as intended;
2. Whether the implementing parties involved were properly discharging their responsibilities;
3. The progress made in achieving the objectives of the transition process;
4. The quality of the trainings being delivered by the local universities;
5. The successes, limitations, and lessons learned in the transition and institutionalization process;
6. The extent and mechanisms for the universities for incorporating the managerial and technical aspects of the IST activities into their current system to ensure long-term sustainability; and
7. The overall lessons learnt in the IST transition and institutionalization process.

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<sup>5</sup> I-TECH Ethiopia study protocol #ET002: Process Evaluation on the Transition and institutionalization of I-TECH Ethiopia's in-service training program. Version 1.1; September 2013.

## **2. Methods**

### ***Design and Data Collection Techniques:***

This is a process evaluation aimed at describing and assessing the IST transition and institutionalization process. The design used for the evaluation is a cross-sectional descriptive one that employed both quantitative and qualitative data collection techniques.

For the quantitative part, the review of the pattern of utilization of the TrainSMART software (I-TECH's open-source, web-based training data collection system) was conducted. In addition, structured telephone interviews were conducted with a sample of 55 health care providers who participated in the trainings organized by the universities (28 under Gondar University, 18 under Mekelle University, and 9 under Wollo University).

For the qualitative component of the evaluation, a total of 27 semi-structured key-informant interviews were conducted with I-TECH Ethiopia staff (16), RHB staff (4), and university staff (7) involved in the IST transition process.

### ***Method of Sampling:***

For the document review, documents that have detailed information regarding the decision-making, planning and implementation of the institutionalization process were selected. Such secondary source documents included: IST related presentations, minutes of consultative workshop of key stakeholders on IST transition/institutionalization and other documents describing the institutionalization process,

subcontract agreements between the University of Washington and local universities, budget proposals, terms of reference describing the roles of the organizations involved (I-TECH Ethiopia, RHBS, and the 3 universities), I-TECH Ethiopia M&E site visit reports, and annual and quarterly project performance reports from universities.

For the semi-structured interviews, the individuals selected were part of the decision-making, planning, and/or implementation of the IST institutionalization process. On the other hand, informants who did not participate in the institutionalization process in some capacity or who are not believed to significantly contribute to the understanding of the process were excluded from the semi-structured interviews.

Quota sampling was used to select Health Care Providers (HCPs) who participated in the structured telephone interviews. Among the total of 2,715 HCPs trained by the three universities (1,380 in Gondar, 889 in Mekelle, and 446 in Wollo) during the period of April 1<sup>st</sup>, 2010 - September 30<sup>th</sup>, 2013, 2% were included through random selection using quota proportionate to size.

### ***Data Analysis:***

Data from the in-depth interviews of key informants were analyzed using thematic content analysis where the contents of the transcribed data are examined, selected and categorized into major themes based on how they respond to the pre-established questionnaire. In the process of exploring the specific contents of the data for reduction, the relative frequency with which different issues are raised, as well as the intensity with which they are expressed are also considered. After reduction, the

data were displayed in flow charts to provide an organized compressed assembly of information for drawing conclusions based on the network view of ATLAS.ti qualitative data analysis software. The data were revisited (through reading the transcriptions and listening to the audios) to cross-check and verify the conclusions drawn from the analysis.

Responses of Health Care Providers (HCPs) who participated in the structured telephone interviews were analyzed using SPSS software.

The analysis of the TrainSMART data was based on the number/type of trainings given, number of health care providers trained, and pre/post test scores from trainees to assess changes in knowledge, as well as the ability university staff involved in the IST to enter data in a timely manner and properly upload training records.



### 3. Results

#### ***Background and Roles of Key Informants:***

The background characteristics of the key informants for the in-depth interview are shown in table 1 below. Accordingly, there are 16 respondents from I-TECH, 7 from universities, and 4 from Amhara and Tigray Regional Health Bureaus. The detailed background of the key respondents is also attached in annex 1.

**Table 1 - Background Characteristics of Key Informants**

<b>Institution</b>		<b>Number of Respondents</b>
Universities	Gondar	3
	Mekelle	3
	Wollo	1
Regional Health Bureaus	Amhara	2
	Tigray	2
I-TECH Ethiopia	Directly Involved in IST	3
	Indirectly Involved in IST	13
<b>Total</b>		<b>27</b>

The key informants have a range of experience in being involved in IST programs in their institutions or as related to the current transition process. Those key informants coming from the universities have four to six years (Gondar), two to three years (Mekelle) and two years (Wollo) of experience. Staff members of I-TECH with direct involvement with the IST program have work experiences that range from four to seven years, while those who are indirectly involved with the program have experience that ranges from two to seven years. Key informants

from Amhara Regional Health Bureau have experiences up to 11 years, while those from Tigray Regional Health Bureau have work experiences up to three years.

### ***History of the IST Program:***

I-TECH initially invited TOT providers from the US and gradually after having TOT providers locally at I-TECH, the TOT was being provided by local staff in collaboration with the FMOH. After creating adequate TOT pool, I-TECH shifted its role from directly providing trainings to organizing them through contracting event organizers.

In the second phase, with the objective of sustainably providing the trainings, transitioning the training activities to local institutions started after having different consultative meetings carried out to initiate the transition and institutionalization process. This was based on the directions of PEPFAR II/CDC<sup>6</sup> as well as those of FMOH's guideline that aims at capacity building of selected training institutions for the provision of IST to health workers.<sup>7</sup> The major direction put by PEPFAR II/CDC in this and other HIV/AIDS related activities is to work through partner governments to support a sustainable, integrated, and country-led response; and in particular, the goals include strengthening partner government capacity to lead the response to the HIV/AIDS epidemic and other health demands.<sup>8</sup> Capacity building

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<sup>6</sup> USG Office of the Global AIDS Coordinator. President's Emergency Plan for AIDS Relief (PEPFAR): Fiscal year 2012 capacity building and strengthening framework version 2.0.

<sup>7</sup> Federal Ministry of Health, Ethiopia. National in-service training implementation guide for the health sector. Addis Ababa; FMOH, 2014.

<sup>8</sup> USG Office of the Global AIDS Coordinator. The US President's Emergency Plan for AIDS Relief (PEPFAR): PEPFAR Overview. Available

efforts will help operationalize the PEPFAR II vision of greater country ownership and sustainability and the focus will be on shifting abilities for implementation and management of PEPFAR-supported HIV services and programs to local and national organizations over time, while sustaining continued gains in health impact. Such target will be accomplished by providing the skills needed for local partners will take on more leadership and direct program implementation roles over time, while international partners continue to provide capacity strengthening and technical assistance.

Initially, the piloting of transitioning took place by sub-contracting the UoG where training of 400 HCPs was done with support from I-TECH. Among the rationales for institutionalization of the IST program are: that the government directions are towards institutionalization of IST programs to local institutions and this is part of the human resources development endeavor; institutionalization of IST is important for creating sense of ownership and sustainability within the local stakeholders; the institutionalization process also strengthens partnership and collaboration between the academia and the health sector at local levels; and it is instrumental to avoid duplication of activities and thus reduce cost in the implementation of IST programs.<sup>9</sup> After UoG successfully conducted the IST pilot project, the transitioning was replicated in Mekelle and Wollo Universities and the role of I-TECH shifted

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at: [URL:https://www.aids.gov/federal-resources/pacha/meetings/2010/2010-04-25-pacha-waf.pdf](https://www.aids.gov/federal-resources/pacha/meetings/2010/2010-04-25-pacha-waf.pdf).

<sup>9</sup> Gondar University, Ethiopia. University of Gondar In-service Training Institutionalization strategic plan. College of Medicine & Health Sciences; Gondar University; 2013.

to monitoring and evaluation. Transitioning of IST to the nursing school in Afar region is at its early stage. There is no medical faculty in Afar region yet.

### **What were the expectations in the transition/institutionalization process?**

The expectations were for the universities to own and institutionalize the IST program in sustainable manner and thereby build their capacity for designing projects for income generation activities. I-TECH supported the universities to renovate their training halls and provided furniture and equipment like heavy duty copiers, laptops, desktops, printers and LCD projectors. Thus phase one was capacity building. The second phase was to enable the universities to build cafeterias where trainees dine at reasonable price (this was accomplished in Gondar and on process at Mekelle). The third phase is to develop a sense of ownership by the universities for IST program and be able to conduct the trainings in the absence of I-TECH.

In addition, as one of the major expectations, the universities involved were expected to reflect issues of sustainability through developing income generation schemes in their plans

### **Why were the universities selected?**

The universities were selected because they are the institutions that are doing activities related to the IST. In addition, it is also because of the fact that this will have a great contribution in terms of capacity building for the universities themselves.

*"... the major reason that the universities were selected are, they have human power, their duty is teaching, found locally, are working on training.*

*Since there was a belief that the universities could be the best candidate to handle this activity,...".*  
KIR (I-TECH, Directly Involved with IST).

In addition, according to an assessment conducted by FMOH, RHBs have low capacity to monitor and coordinate IST in their respective regions. They are understaffed and most of them have no involvement in the IST in their respective regions.<sup>10</sup>

The timeframe for the universities to take over the IST program was initially proposed to be five years.

## **Experiences from the pilot**

The transition of IST activities to local institutions was started initially as a pilot project in 2010 where I-TECH provided support to the UoG to provide some of the ISTs allocated for the Western Amhara Region. Then UoG successfully carried out the pilot program and also conducted post-training evaluation to assess whether the participants/trainees have been able to apply the knowledge, skills, and attitudes acquired during training at their work sites, and the post-training evaluation showed that the pilot was successful.

After the conduct of the pilot phase, UoG has presented an activity report on its findings in a review meeting. The report included the process and the directions adopted in the pilot. The lessons learnt from the pilot were discussed and critically reviewed for use in the second phase of the IST transition (scaling up of the program to the other universities). Based on

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<sup>10</sup> Federal Ministry of Health (FMOH), Ethiopia. National in-service training gap assessment report. Addis Ababa; FMOH, 2013.

the activity report from UoG and through review of the overall pilot process, the following successes and challenges were identified:

### **Successes and challenges of the pilot program (UoG):**

Among the successes mentioned by the key informants include:

- The university utilized the financial support efficiently;
- The number of trainees was more than initially planned;
- The university was fully engaged;
- The training data collection using the TrainSMART software was successful;
- The data collected was used by the university;
- Post-training performance evaluation of trainees was conducted and that was beyond the expectation;
- Process has begun where UoG has started to work jointly with Amhara regional health bureau;
- The UoG was able to fulfil the necessary logistics required for the training and through the process it has gained valuable experience in organizing and providing IST.

On the other hand, the following challenges were also reported in the process of implementing the pilot phase of the IST transition:

- The report of the pilot process did not seem to have documented the overall experience gained from the pilot;
- There was no collaborative mechanism put for training gaps (needs) assessment between UoG and Amhara RHB;<sup>11</sup>

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<sup>11</sup> Gondar University, Ethiopia. University of Gondar In-service Training Institutionalization strategic plan. College of Medicine & Health Sciences; Gondar University; 2013.

- Even though there are many faculty members within the UoG who want to be involved as trainers, they could not be involved as such since, according to the government rules that I-TECH follows, a trainer needs to have a TOT certificate. As a result, there were complaints from faculty members; and
- Post-training follow up was not performed by I-TECH.

Following that the transition process was replicated at Mekelle and Wollo Universities in 2011 when I-TECH shifted its role in the IST to target setting and conducting monitoring and evaluation of trainings.<sup>12</sup> However, since the nursing school at Afar RHB did not develop enough capacity at the time, the training activities in Afar Region are still being carried out by I-TECH Ethiopia itself.

### ***View of Respondents about the Transition and Institutionalization Process:***

#### **Overall process of implementing the IST**

According to the majority of the key informants, overall, all the three universities have implemented the training activities as intended.

*"The development is very good. The main gap I observed in the institutionalization process is that there is no proper documentation (even at the leadership level) that reveals the goal and timeframe of the process. This is a big training organization, but there is*

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<sup>12</sup> International Training and Education for Health (I-TECH), Ethiopia. IST institutionalization document: In-service training institutionalizing workshop. Addis Ababa; I-TECH, 2014.

*no plan developed for the process of institutionalization..."*

KIR (I-TECH, Directly Involved with IST).

Among the three universities that were subcontracted for conducting the IST, two of them (Gondar and Mekelle) have successfully started to implement the training activities. It is only Wollo University that has not yet started to fully implement the training activities due to lack of capacity.

*"Even though there are constraints with regard to documentation, it was reported that a lot was done because of the capacity at Gondar and Mekelle Universities. Less was accomplished at Wollo University because of lower capacity there".*

KIR (I-TECH, Directly Involved with IST).

Another key informant has also made similar observation:

*"...a lot was done because the capacity of Mekelle and Gondar universities was built to enable to carry out trainings successfully as of I-TECHs'. It may be less at Wollo University and due to lack of capable institution at Afar it is not yet started..."*

KIR (I-TECH, Indirectly Involved with IST).

Of course, as the IST transition started with the UoG and then to MU, WU came late into the process and it is expected that its capacity is lower than the two universities.



The universities have also appreciated the process. Here is what a UoG staff had to say regarding I-TECH's inputs:

*"With the support of I-TECH now universities have started to work closely with respective RHBs and I hope it will be strengthened further in the future... University of Gondar has benefitted a lot through the capacity building efforts of I-TECH for IST transition (Renovation, furniture, equipment and human resources).."*  
KIR (UoG).<sup>13</sup>

Overall, the number of trainings being conducted by the universities is also said to have increased year by year.

### **Implementation of course evaluation**

Most of the key informants seem to agree that the overall implementation process for the IST program has been successful and a lot of training activities are conducted. Of course, initially there were implementation challenges. Among the challenges reported include that there was lack TOT to implement some of the training curriculum, and the loose collaboration with the RHBs for needs assessment and post-training evaluation. They think the main problem is the fact that it was not clear who should do the monitoring and evaluation of the process. There is no clearly defined responsibility given either to I-TECH or to the universities for regularly receiving evaluation reports and for providing the required feedbacks based on the reports. Even though evaluation is regularly conducted by the trainees for the training sessions conducted, these are not usually analysed and

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<sup>13</sup> Minutes of the in-service training (IST) institutionalization workshops (01 and 15 March 2014). Addis Ababa; ITECH, 2014.

no feedbacks from the evaluations have been provided to the relevant parties.

As a result, the final course evaluations do not seem to have been properly summarized. It also seems that there is no responsible staff member for conducting this. In particular, it is the opinion of the key informants that there should be a responsible person for reviewing and summarizing the contents of the feedbacks in the course evaluations and that person should have a clinical background. It is suggested that the IST program advisor should be responsible for the course evaluation.

*"...The course evaluation should be done by the program advisor. The person should collect feedbacks from the participants and the trainers and summarize it accordingly..."*

KIR (I-TECH, Indirectly Involved with IST).

Others are of the opinion that the training department is enough for the job and the program leads can provide required technical support in reviewing the course evaluations.

*"It would have been better if the program leads and the training department jointly review course evaluations".*

KIR (I-TECH, Indirectly Involved with IST).

Furthermore, the IST program transition does not also seem to have been adequately popularized among other stakeholders. For instance, except for the training department, other program leads are not well informed about the training transition implementation. If the program leads were involved in the

implementation of the transition process in a significant way and in defining the roles and responsibilities of the respective bodies and in planning and decision making of the whole process, they would have been effective in the follow up the trainings.

*"The current transition process may be correct, however, it is always important to engage stakeholders. The training units at the universities and I-TECH should identify gaps and inform trainers and other stakeholders...."*

KIR (Universities).

## **Receiving and reviewing reports**

Another key area of the IST process that was highlighted by the key informants is the issue of receiving and reviewing training reports. Even though reports submitted by the universities on quarterly and annual bases are reviewed with feedbacks and comments, the implementation of the feedbacks by the universities are said to be not closely followed. This gap is again said to have been created because there is no responsible person assigned for the specific task. Key informants are of the opinion that program leads should have to review the training reports because training departments could not do this since technical issues would be included in the reports. According to a key informant:

*"...Program leads must assure the quality of training by collaborating with the training departments in reviewing training reports and designing next steps. Training department should receive the reports and forward to the*

*program leads that will review the technical details as well as the contents of the reports...”*

KIR (I-TECH, Indirectly Involved with IST).

### ***Relationship between the Different Stakeholders in the Transition Process:***

#### **I-TECH’s role in the IST transition process**

According to respondents from I-TECH, their main role is providing technical support for building the capacities of the universities to carry out IST transition planning, implementing and monitoring. Funding and TOT were given to university staff, in addition to sharing administrative and management experience. I-TECH staff also provided occasional oversight to the implementation of training activities by being available at the sites where the trainings are conducted.

*“Our role is onsite observation of training to ensure that the trainings are conducted according to the national standard. Moreover, sometimes we participate in the selection of trainers when there is lack of trainers...”*

KIR (I-TECH, Directly Involved with IST).

As such, I-TECH staff members initially have sat down and discussed the training plans and schedules with the universities involved. All the universities involved were supported until having a capacity to fully deliver trainings by themselves (in terms of technical capacity, human resources and equipment) and they are also encouraged to recruit qualified trainers for the IST. An introductory training was given to them on how to use the templates, on how to report on program areas and finance. The three universities were also continuously coached on the

overall directions in administering IST activities, in addition to getting training on TrainSMART with the help of an external consultant. Training halls of the universities were also renovated, furnished and equipped through I-TECH support.

At the level of the RHBs, I-TECH staff members are also involved in ensuring that trainees are getting the required trainings in different aspects of the program and that they are also applying their knowledge and skills gained through the IST. Program leads at I-ECH also conduct supportive supervision jointly with RHBs. They also support the RHBs in the process of selecting TOTs, preparation of certificates, in addition to ensuring that data related to the trainings are properly captured on the TrainSMART software. Reports of the universities are also reviewed and discussions conducted with selected trainees by I-TECH staff members to know and assess how the process and quality of trainings is being delivered.

The other key role of I-TECH, according to the key informants is fostering good working relationships between the universities and the RHBS through the creation of partnership forums where all the universities and the RHBs come and discuss issues every six months. To this effect, it has developed a tri-partite memorandum of understanding that clearly states the roles and responsibilities of each of the parties which was signed by the three parties. Furthermore, I-TECH also plays diplomatic role in mediating misunderstandings when these sometimes arise between the universities and the RHBs and persuading the two parties to work jointly.

## **Relationships between universities and RHBs**

According to key informant respondents, the level of partnership between the universities and the RHBs is not strong enough.

*"... what is remaining is that there is no well-structured partnership between the owner, RHBs, and the service provider, universities. Partnership is not built, not documented.... They are working together but without a binding document..."*  
KIR (I-TECH, Indirectly Involved with IST).

At the beginning of the transition, the RHBs were not comfortable on the process. Signing the MOU was a critical step in improving the working relationship among the two parties. Among the areas of possible point of discussion between the universities and the RHBs is the issue of selection of TOT. RHBs and universities have their own TOTs. Key informants from I-TECH have also made similar reflections regarding this issue between the universities and the RHBs in the selection of TOTs.

*"..... the RHBs consider that this is totally their role while some of the universities select trainers by themselves... I-TECH comes in between and tells the universities that their role is technical and selection of trainees is the responsibility of the RHBs..."*  
KIR (I-TECH, Directly Involved with IST).

Another issue of misunderstanding, as reported by the key informants, is that the RHBs complain that they are not fully engaged in the training needs assessment process and some of the trainings are not need based.

*"...sometimes they directly select staffs for the training ... Our level of engagement is not as we want..... Some of the trainings are not within our priority needs..."*  
KIR (RHB).

*"...For example, maternal mortality might be our concern and, therefore, what we want to deliver training might be on MNCH. So if there is adequate number of trained professional in ART, why do we need to train people on ART?"*  
KIR (RHB).

RHBs also complain that they were not clearly notified during trainee selection and sometimes the universities train their own staff even though there are set quota for the regions.

Some key informants at I-TECH are also of the opinion that the overall responsibility for selecting trainees should be transferred to the RHBs rather than to the universities.

Overall, there is still more to be done regarding the working relationship between the universities and the RHBs, as also reflected by one of the Amhara Regional Health Bureau official:

*"....the regional health bureau and the university started working after developing a joint plan to take-over the program from I-TECH..... The partnership of the RHB with the University of Gondar is not adequately matured, and therefore more has to done..."*  
Minutes (RHB Official).<sup>14</sup>

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<sup>14</sup> Minutes of the in-service training (IST) institutionalization workshops (01 and 15 March 2014). Addis Ababa; ITECH, 2014.

## ***Quality of Trainings Conducted:***

### **Quantitative data**

The responses of the trainees regarding their level of satisfaction on the different items of the IST given by the universities are summarized in table 2 below. The summary includes responses of the trainees on 11 items on different aspects of the ISTs provided that include pre-training, in-training, and post-training issues.



**Table 2: Responses of Telephone Interviewees on Quality of IST as Provided by Universities**

Statement	Strongly Agree		Agree		Neutral		Disagree		Strongly Disagree		DK
	Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%	
Training objectives were clearly stated at the beginning	35	63.6%	20	36.4%	0	0.0%	0	0.0%	0	0.0%	0
Training objectives were achieved at the end of the training	31	56.4%	24	43.6%	0	0.0%	0	0.0%	0	0.0%	0
The training had sufficient amount of practical content (i.e., not too theoretical)	18	32.7%	22	40%	8	14.5%	7	12.7%	0	0.0%	0
Contents of the trainings were appropriate for the audience	31	56.4%	24	43.6%	0	0.0%	0	0.0%	0	0.0%	0
The trainings were well organized	29	52.7%	22	40.0%	1	1.8%	3	5.5%	0	0.0%	0
Accommodations, per-diem and transport were well organized	10	18.2%	37	67.3%	1	1.8%	7	12.7%	0	0.0%	0
Overall trainers had strong facilitation skills (e.g. communicated effectively, encouraged questions and participant involvement)	27	49.1%	28	50.9%	0	0.0%	0	0.0%	0	0.0%	0
Overall trainers seemed technically competent and were able to effectively answer questions from participants	19	34.5%	36	65.5%	0	0.0%	0	0.0%	0	0.0%	0
Trainees were given opportunities to adequately evaluate the training sessions and the trainers	32	58.2%	21	38.2%	0	0.0%	1	1.8%	0	0.0%	1
Trainers were given the opportunity to practice and demonstrate the skill the training focused on (if relevant)	21	38.2%	27	49.1%	1	1.8%	5	9.1%	1	1.8%	0
Trainees have gained knowledge and skills that have enabled them to provide HIV-related services efficiently	36	65.5%	15	27.3%	2	3.6%	2	3.6%	0	0.0%	0

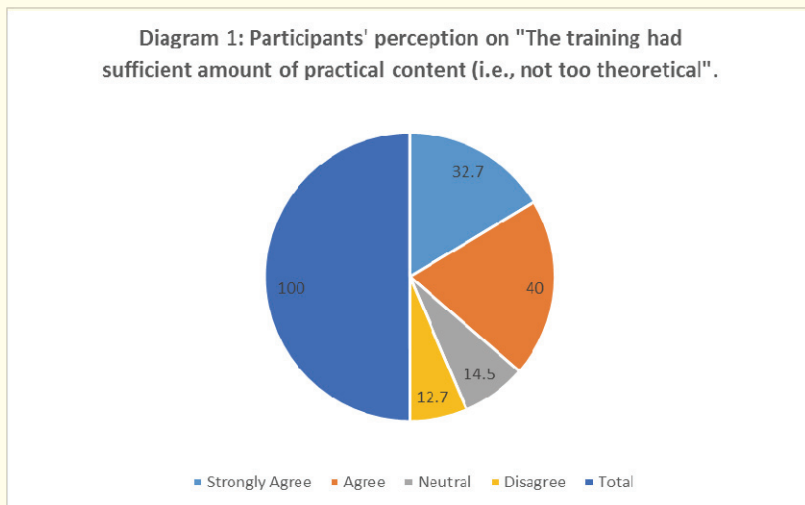
Source : SPSS analysis report of telephone interview data

## Objectives of training

Regarding the statement of objectives, 35 of the 55 interviewed trainees (63.6%) strongly agreed and 20 of them (36.4%) agreed with that the objectives were clearly stated at the beginning of the training sessions. Moreover, all of the respondents thought that the training objectives were achieved by the end of the sessions.

## Contents of training sessions

As illustrated in diagram 1, 32.7% of trainees strongly agreed that the training had a sufficient amount of practical content (i.e., not too theoretical) while only 12.7% of the trainees disagreed.



In terms of the appropriateness of the contents of the training sessions to the trainee audience, all the respondents considered

these as being appropriate (56.4% strongly agreed and 43.6% agreed to the appropriateness of the contents).

### **Organization of training sessions**

Most of (92.7 %) of the respondents strongly agreed or agreed that the training sessions were well organized, with only 5.5% of the respondents disagreeing that this was the case.

Regarding the arrangements for accommodations, per-diem, and transport only 7 (12.7%) of the respondents disagreed about these being well organized, while 37 (67.3%) and 10 (18.2%) agreed and strongly agreed on this respectively.

### **Perception about trainers**

All of the respondents felt (half of them strongly) that the trainers had strong facilitation skills (e.g., communicated effectively, encouraged questions and participant involvement).

Similarly, all of the respondents positively viewed (34.5% strongly agreed and 65.5 % agreed) the technical competence of the trainers and their ability to respond to questions that were raised during the training sessions.

### **Practicality of trainings and involvement in training evaluation**

More than 87% of them reported that they were provided opportunities for practical and demonstration sessions during their trainings. In addition, most (92.7%) of them believe that the knowledge and skills they gained during the training sessions will enable them to provide HIV-related services more efficiently.

Furthermore, majority (58.2%) of the respondents strongly and more than a third of them (38.2%) agreed that they were given adequate opportunity to evaluate the training sessions and trainers during their training.

## Analysis of TrainSMART data

The objectives of the analysis of the TrainSMART data were to assess the quality of the training based on pre- and post-test values on the various topics and to look at the appropriate use of TrainSMART through assessing completeness of the data as recorded on the system.

As seen in table 3 below, there were a total of 3,393 trainees that came from two regions: 1,902 in Amhara and 1,491 in Tigray.

**Table 3: Gender-Region Mix of Trainees from TrainSMART Record**

		Gender		Total
		female	Male	
Region	Amhara	800	1102	1902
	Tigray	715	776	1491
	Total	1515	1878	3393

The trainings given were on various PEPFAR related categories. Among these the major ones include: ART for 25.4% of the trainees; prevention for 33.8% of the trainees; palliative care for 13.7% of the trainees; PMTCT for 10.9%.

To assess the quality of the training, pre- and post-training assessments were included in the TrainSMART data.

Accordingly, the mean pre-training score for the trainees was 55.7% while the mean post-training score was 73.05%, showing a mean percent change of 17.05. The difference in mean percent score is significant since the 95% confidence intervals of the pre-training (55.11-56.28) and the post-training (72.49-73.60) scores do not cross each other.

**Table 4: Pre and Post-Training Scores form TrainSMART Data**

	N	Mean	Std. Dev.	Std. Error Mean	95% Confidence Interval of the Difference		Sig. (2-tailed)
					Lower	Upper	
Pre-training score	3367	55.70	17.31	.298	55.11	56.28	
Post-training score	3177	73.05	16.05	.285	72.49	73.60	
Chang in score	3107	17.04	15.21	.271	16.51	17.57	0.000

The other important variable that was assessed in the Train SMART records were completeness of the data. Among the total of 19 variables, 16 were completely filled. On the other hand, there were missing data on the three important variables: there were 26 (0.7%), 216 (6.34%), and 286 (8.4%) missing values on the variables of pre-training score, post-training score, and percent change in score respectively.

Some of the key informants were also confident about the quality of the trainings provided to the health care workers:

*“.. we really show the universities can do it we train as many and as efficiently as possible and it is found documented and.....we fulfilled the need for qualified trainees of the country per the standard or even better...”*

KIR (I-TECH, Directly Involved with IST).

### ***Challenges to the Transition and Institutionalization Process:***

One of the possible challenges raised by the respondents is the fear that the very high government bureaucracy (especially in procurement) may prevent the purchasing of materials with required quality and in time. Furthermore, the possibility of huge financial constraints is also anticipated as the RHBs may not remit enough finance as it was done through ITECH, even though it is said that CDC will fund RHBs to cover the cost of IST and mentoring. A key informant from I-TECH mentioned:

*"....Still financial issue is a threat. Who will pay the trainees? For the trainees, where we get money is always a question. Is the fee provided to the trainees sufficient? We are thinking that to transfer to government, we know that the amount of per-diem the government gives, so finance is always an issue. May be policy change is needed regarding this. Unless we create subsidized training delivery centre, carrying out trainings is still expensive...."*

KIR (I-TECH, Directly Involved with IST).

This observation is also shared by the respondents from the universities:

*"...What I fear in the future is "dependency syndrome" which creates a problem most of the time. Now the budget of I-TECH is replaced by CDCs, so those who benefited from I-TECH's are not found on the field..... Most of the time, individuals who get incentives are more motivated than their counterparts..."*  
KIR (Universities).

Similarly, key informants from the RHBs have expressed their fears that the program may not be sustainable within the universities due to financial constraints.

*"Unless there is a fund I don't think the university will be in a position to run this because now we are planning to work together because CDC gave us the fund otherwise they will ask you running costs, salary of employees so and so forth, so with a minimal support how can the universities provide the service?....."*  
KIR (RHB).

Another possible challenge mentioned is the shortage of TOT pool in the regions to properly organize the IST through proper content delivery, use of qualified facilitators who use proper time management and follow set training agenda in a strict manner.

There is also fear that there may not be optimal level of coordination between the RHBs and the universities. Coordination between I-TECH Ethiopia and the universities is

also reported by some respondents to be not optimal as it should be. There were reported problems between the RHBs and the universities even though the required MOUs were in place<sup>15</sup>.

*"...I have a doubt on the presence of clearly identified duties and responsibilities for the universities and I-TECH...."*

**KIR (RHB).**

Perceived lack of strong technical capacity required for the sustainable conduct of the IST is also mentioned as one challenge. A key informant from one of the regional health bureaus said:

*"...The major challenge as I think is there is frustration from both regional health bureau and universities side. There is a risk that "we can't carry out the work with the sense of ownership". Because it has been supported by I-TECH still now, when it is transferred to us, there is a high work load and low capacity with us..."*

KIR (RHB).

Lack of proper data management and reporting system within the universities is also mentioned as an important challenge by some key informants:

*"I do not think that we had performed the implementation of data compilation, analysis and*

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<sup>15</sup> Personal communication to this effect indicates that after the consultative workshop (March 2014) Amhara RHB has signed MOU with UoG and WU; And Tigray RHB has signed contract agreement with MU.



*reporting by the universities, especially sending evaluation reports to us immediately’...”*

### **KIR (I-TECH, Directly Involved with IST).**

Responsible individuals within I-TECH were also blamed for not closely following training reports. In addition, it was mentioned by the respondents that there should also be a system to measure quality of training through supervision as it is difficult to know the quality only through reviewing of reports.

Another main challenge identified by the respondents is the lack of proper documentation on the goal and timeframe for the institutionalization process:

*“...The main gap I have observed in the institutionalization process is; even at leadership level, there were no any tangible documentation that revealed the goal and timeframe of the institutionalization process....”*

KIR (I-TECH, Directly Involved in IST).

According to respondents, there were challenges in reporting, particularly at the beginning of the process. The universities were used to applying their own templates for reporting. However, after the provision of training on the reporting templates, the problems were resolved and reports started to be submitted using the appropriate templates.

It does not also seem that there is a system for routine supervisory visits to the health system for monitoring the quality

and the impact of the training activities. According to a key informant from I-TECH:

*"... There should be a system to measure quality of training through supervision as it is difficult to know the quality by reviewing a report, so there should be a system to monitor the quality of the training..."*

KIR (I-TECH, Indirectly Involved with IST).

Other challenges mentioned by the respondents include those within I-TECH itself. These include the fact that few of the staff members of I-TECH did not fully accept the transition process and some also are of the opinion that the IST activities should directly be transferred to the RHBs, instead of them being contracted to the universities.

*"...The challenges were not from only the regions but also within I-TECH. There were I-TECH staffs that did not accept the process and said it should be given to the region instead of Universities..... They complained, as this is an activity of regional health bureaus, it should have been given to them..."*

KIR (I-TECH, Directly Involved with IST).

### ***Prospects for Sustaining the In-Service Training Process:***

#### **Opportunities**

The government has put clear directions with regards to IST activities and has also developed IST guidelines to institutionalize

these activities.<sup>16</sup> According to the respondents' assessment of the prospects for sustaining the IST, there were several opportunities for realizing this ideal. Among such opportunities is the fact that the process has also led to the development of institutional capacity within the universities. Among the instances for such capacity include: the support given by I-TECH to renovate, furnish and equip training halls and to establish IST coordination units within the universities that is tasked with the responsibility of implementing IST activities; support given to develop a TOT pool within the universities; the training given on how to use the TrainSMART software; the development of evaluation tool for each of the training activities; and the development of standard operating procedures (SOP) and guidelines on how to organize and evaluate training activities. In addition, the universities were said to be creating conducive environment for the initiation and progress of the transition process. They have provided with office space within their own premises and were ready to transfer and institutionalize IST staff within their own systems. A key informant has summarized the above opportunities in the following words:

*"..The availability of seven universities in our region is a big opportunity. There is a chance to provide the training with a minimum cost. The second opportunity, as I think, is there is a capacity created. There is an awareness created within the Regional Health Bureau and universities by I-TECH. We are not starting from nil. The government policy and strategy particularly the direction of FMOH on*

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<sup>16</sup> Federal Ministry of Health, Ethiopia. National in-service training implementation guide for the health sector. Addis Ababa; FMOH, 2014.

*professional licensing and relicensing would be taken as one opportunity”.*

KIR (RHB).

Furthermore, the trainees were said to be qualified and highly motivated.

*“...There is no weakness that I observed in the training provided by Gondar University. The training facility was also proper. Trainers were TOT certified. Training and course materials were enough. I have not also heard complaints from trainees...”.*

KIR (I-TECH, Indirectly Involved with IST).

*“....Let us start from the national HIV/AIDS training that I recently observed. There was a good relation between trainers and trainees; the given comments were good. It is good if the trainings are provided by such type of trainers. I observed that the trainers were facilitating the training by translating into local languages for those who do not clearly understand the language of training....”.*

KIR (I-TECH, Directly Involved in IST).

Some university officials have also expressed their visions for the full transition of the process within their system:

*“...our long-term plan is to create a big independent training center under the umbrella of Mekele University but our short term plan is to continue the program without interruption smoothly as it is. Already we have integrated the in-service training program with the existing university system. So our medium and long-term*

*plan is to transfer in-service training program into an enterprise”.*

KIR (Mekelle University Official)

Conducive situations were also created at the level of the RHBs. RHBs have also been provided with direct funding from CDC for costs involved in the IST activities. In addition, officials in the RHBs have clear vision of the institutionalization process:

*“...I think the major goal is to institutionalize, to have continuity and to create ownership for future sustainability. We have to avoid interruption of the program in the future that has been given by partners to provider by government”.*

KIR (RHB).

### **Threats on the IST transition process**

However, a number of points were also mentioned by the key informants that were considered as opportunities for improvement as well as threats to the process of transition and institutionalization of the IST activities. Among these include: Need for nurturing strong sense of ownership and support to the process by the RHBs; loose partnership between the universities and the RHBs; weak management structure and lack of recognition for service provision functions within the universities; lack of finance and/or budgetary commitment for payment of trainers and for establishing and running IST coordination units within the universities; high turn-over of staff both within the universities and RHBs that leads to lack of institutional memory that is critical for the sustainable internalization of the process within the university structure.

More specifically, key informant respondents from RHBs raise the need for harmonizing their working relationships with the universities.

*"... even though there is a good relation that I told you before, our relation with the universities is not concrete, it is due to the intermediate link by I-TECH, but our direct relation with the universities except Gondar University is not matured. As we haven't a close relation before, we think that this may be one challenge*  
KIR (RHB).

They also highlight the need for regular monitoring of the program:

*"...review meeting should be organized to assess the progress of the in service training transition process..."*  
KIR (RHB).

## 4. Discussion, Conclusions and Recommendations

### ***Discussion:***

In-service training is a key strategic approach to addressing the severe shortage of health care providers in many developing countries and feedbacks from pilot users of such trainings are valuable in suggesting frameworks and tools for assessing whether the trainings are eventually related to improved health outcomes.<sup>17</sup> The current evaluation shows that the process of transition of IST from I-TECH Ethiopia to local universities and RHBs, with the ultimate goal of ownership and internalization by local institutions, is progressing in the right directions.

However, there seem to be challenges to the effective transition and the process of institutionalization requiring improvements in some of the critical areas that include dealing with staff turnover and attrition within the universities as well as within the health system. This is in line with the assessment done on the Clinical Assessment for Systems Strengthening (CLASS) framework<sup>18</sup> for technical assistance in resource-constrained settings for strengthening local partners for the US President's

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<sup>17</sup> O'Malley G, Perdue T, Petracca F. A framework for outcome-level evaluation of in-service training of health care workers. *Human Resources for Health* 2013, 11:50 - <http://www.human-resources-health.com/content/11/1/50>.

<sup>18</sup> Reyes EM, Shama A, Thomas KK, Kuehn C, Morales JR. Development of a technical assistance framework for building organizational capacity of health programs in resource-limited settings. *BMC Health Services Research* 2014, 14:399 - <http://www.biomedcentral.com/1472-6963/14/399>.

Emergency Plan for AIDS Relief (PEPFAR) program,<sup>19</sup> that indicated the sustainability of built capacity to deliver priority health programs in resource-constrained settings as depending on continued investment in leadership, staff retention, and quality improvement.

The current evaluation has also demonstrated that the quality of IST delivered by the local universities as being satisfactorily evaluated by trainees in terms of format, content, organization, training resources, as well as quality of trainers. According to 91% of health care providers, the original aims and objectives of the training activity were achieved either fully or to some extent, indicating fairly high level of quality of the program. Furthermore, analysis of the TrainSMART data also shows statistically significant changes between the pre- and post-training assessment scores of the health care providers involved in the training sessions.

Nonetheless, there are also evidences that misunderstandings among the key stakeholders regarding the ownership of the program, respective roles and responsibilities, as well as lack of proper needs assessment as threatening the transition and institutionalization and the future sustainability of IST program; even though efforts are underway to enhance the maturity of these working relationships.<sup>20</sup> Financial constrains were also mentioned as a challenges. Furthermore, there are clear

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<sup>19</sup> Sharma A, Chiliade P, Reyes EM, Thomas KK, Collens SR, Morales JR. Building sustainable organizational capacity to deliver HIV programs in resource-constrained settings: stakeholder perspectives. *Global Health Action* 2013; 6: 22571 - <http://dx.doi.org/10.3402/gha.v6i0.22571>.

<sup>20</sup> I-TECH Ethiopia. Minutes of the in-service training (IST) institutionalization workshops (01 and 15 March 2014). Addis Ababa; ITECH, 2014.



challenges in reporting, documentations and inculcating proper monitoring and evaluation framework to the IST program. Most training activities were not complemented by an assessment of the competencies achieved by participants or by follow-up activities. In addition, few health care providers report any measures to assess the long- or short-term impact of these trainings. The review of the pattern of utilization of the TrainSMART software does not also seem to have been completely internalized. On the other hand, some of the training needs assessment issues raised by RHB respondents in that the trainings are focused only on HIV/AIDS related topics are because of the fact that the funds allocated are specifically tied to address these particular issues.

These findings are also parallel to those of the results of a study done to assess the relevance, efficiency and sustainability of HIV/AIDS related IST activities in Nigeria,<sup>21</sup> where the key issues to increase the efficiency, effectiveness and sustainability of PEPFAR-funded ISTs were: improving collaboration and coordination among implementing partners; developing a training information management system to track key aspects of the IST process; continuously evaluating the effectiveness of the training activities; and improving links between IST and both continuing professional development and pre-service education.

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<sup>21</sup> Burlew R, Puckett A, Bailey R, Caffrey M, Brantley S. Assessing the relevance, efficiency, and sustainability of HIV/AIDS in-service training in Nigeria. *Human Resources for Health* 2014, 12:20 - <http://www.human-resources-health.com/content/12/1/20>.

## ***Conclusions:***

The overall policy context in Ethiopia looks fairly conducive for the integration of IST programs within the functions of local institutions, whether these are academic or service providing ones. The government's policy directions are favourable and the FMOH has identified about 300 institutions as providers of IST. National IST implementation guidelines have also been developed in various areas. Coupled with the overall lessons learnt in the current evaluation of in-service training transition process, there exists positive prospects for internalizing of IST programs in sustainable manner within local institutions. It seems I-TECH Ethiopia is doing its best for discharging its responsibilities in the transition and institutionalization of IST within local universities and the respective RHB.<sup>22</sup> The universities involved have also embarked on delivering the training activities working with the respective RHBs demonstrating good prospect for institutionalizing the process, even though there are some challenges in that sometimes the collaborations with the RHBs are loose and pre- and post-training evaluations are not properly institutionalized within their systems.<sup>23,24</sup>

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<sup>22</sup> International Training & Education for Health (I-TECH), Ethiopia. In-service training program: History and achievements. Presentation. Addis Ababa; I-TECH, Ethiopia, 2014.

<sup>23</sup> Gondar University. University of Gondar-I-TECH HIV/AIDS in-service training project annual physical and financial activity report. Gondar; Gondar University; 2014.

<sup>24</sup> Mekelle University. Report on in-service training on HIV/AIDS for health professionals in Tigray Region. College Health Sciences; Mekele, 2013.

The recently signed MOUs between the RHBs and the universities are a step forward and should be used as a proper mechanism for assessing the progress of activities with clearly available indicators. These should also serve as springboards for benchmarking successful approaches and for further investment in capacity for reliably concluding the sustainability of the IST programs within the locally available systems. The need for investing in such capacity is also clearly articulated in the PEPFAR's capacity building and strengthening framework,<sup>25</sup> for enhancing the short and long term potential of local institutions to support the capacity of local governments' in their sustained efforts to lead programs in response to the health care needs of their populations.

Local process owners and implementing partners are also reminded about the need for planning and creating sustainability plans to transition training activities from donor support to locally affordable sources.<sup>26</sup>

Overall, if one needs to entertain each of the questions raised in this evaluation, most of them seem to have been favorably responded to:

- the transition for the IST seems to go in the required direction; and

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<sup>25</sup> USG Office of the Global AIDS Coordinator. President's Emergency Plan for AIDS Relief (PEPFAR): Fiscal year 2012 capacity building and strengthening framework version 2.0.

<sup>26</sup> Burlew R, Puckett A, Bailey R, Caffrey M, Brantley S. Assessing the relevance, efficiency, and sustainability of HIV/AIDS in-service training in Nigeria. *Human Resources for Health* 2014, 12:20 - <http://www.human-resources-health.com/content/12/1/20>.

- the quality of the trainings being delivered by the local universities during IST sessions is witnessed to be adequate both by quantitative and qualitative standards.

On the other hand, there is still work to be done to ensure:

- that all the implementing parties involved were properly discharging their responsibilities especially in that the universities are incorporating the managerial and technical aspects of the IST activities into their current system to ensure long-term sustainability; and
- the progress made in achieving the objectives of the transition process are in line with the indicators set by FMOH for monitoring and evaluation of the institutionalization of IST.<sup>27</sup>

### ***Recommendations:***

The findings and analyses of the current evaluation lead to several recommendations for effective transition and sustainable institutionalization of IST programs from technical assistance to local capacity systems. These include:

1. There is a need for developing binding document during developing well-structured partnership between different stakeholders that are involved in the process of transition of IST programs. Stakeholders' consultative meetings can be organized and used for developing such documents and for engaging the stakeholders from the start and in order to create a sense of ownership through getting

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<sup>27</sup> Federal Ministry of Health (FMOH), Ethiopia. National In-Service Training Implementation Guide for the Health Sector. Addis Ababa; FMOH, 2014.

- informed and getting to know the whole issue as well as each other.
2. There should also be a clear strategic document that outlines the goals, objectives and strategies to be followed in the institutionalization process of IST.
  3. Within the organization that will take over the task, there should be a place in the organizational structure indicating the place and responsible bodies for the task and for implementing the strategic document. The work to be done should be centered on creating a system and such a system can also be utilized as a mechanism for retention and motivation of staff and faculty to get experience and develop their careers.
  4. Strong work also should be done to change the mentality of health care providers about training. Training should be taken as an important opportunity for gaining knowledge and skills on different subjects, and for sustainable capacity building which is essential for licensing and relicensing of health care providers.
  5. Mechanisms should be developed and implemented for timely analyzing training reports and using them to improve the whole process.
  6. I-TECH should discuss with RHBs and universities on ways of ensuring that the RHBs and universities get confidence in running the program by themselves.
  7. The IST program and the process of institutionalization need to be properly and adequately popularized among relevant stakeholders and the staff members of RHBs and the universities also need to be well equipped to review reports and provide required feedbacks.

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## **6. Annexes**

### ***Annex I – Respondents to the In-depth Interview***

#### **University Staff**

0101 – Gondar University, Dean of Medical and Health Sciences Faculty

0102 – Gondar University, Program director for in in-service program

0103 - Gondar University, In-service training project coordinator

0201 - Mekelle University, Director of HIV/AIDS & STI prevention and control

0202 – Mekelle University, Dean of College of Health Sciences

0203 – Mekelle University, In-service training program coordinator

0301 – Wollo University, President

#### **I-TECH Staff Directly Involved with In-Service Training Program**

0401 - I-TECH Ethiopia, In-service training Advisor

0402 - I-TECH Ethiopia, Health institution Director

0403 – I-TECH Ethiopia, Clinical Director

#### **I-TECH Staff Indirectly Involved with In-Service Training Program**

0501 - I-TECH Ethiopia, Checking and collaborating in-service trainings

0502 - I-TECH Ethiopia, Palliative care and nursing program coordinator

0503 - I-TECH Ethiopia, Care and support advisor

0504 - I-TECH Ethiopia, Laboratory program quality advisor

0505 - I-TECH Ethiopia, Pre-service training program advisor

0506 - I-TECH Ethiopia, Care and support advisor

0507 - I-TECH Ethiopia, HSS director

0508 - I-TECH Ethiopia, Care and treatment Program Director

0509 - I-TECH Ethiopia, MNCH primarily PMTCT and paediatrics ART program advisor

0510 - I-TECH Ethiopia, STI, Infection prevention and Blood safety program advisor

0511 - I-TECH Ethiopia, Clinical lab director

0513 - I-TECH Ethiopia, Tigray regional director

0514 - I-TECH Ethiopia, Amhara regional director

### **Regional Health Bureaus**

0601- Amhara Regional Health Bureau, Head

0602 – Amhara Regional Health Bureau, Human resource core process coordinator

0701 – Tigray Regional Health Bureau, Clinical Case Team Coordinator

0702 – Tigray Regional Health Bureau, HIV/AIDS core process owner

