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## WORKSHOP REPORT

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# Towards a National In-service Training Strategy

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NOVEMBER 2012

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This workshop report was prepared by University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Fikreab Kebede, Abyot Asres, Keneni Gutema, and Tana Wuliji of URC. The work described was conducted under the USAID Health Care Improvement Project which is made possible by the generous support of the American people through USAID and its Office of Health Systems. The Ethiopia in-service training workshop was supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).



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Fikreab Kebede, University Research Co., LLC  
Abyot Asres, University Research Co., LLC  
Keneni Gutema, University Research Co., LLC  
Tana Wuliji, University Research Co., LLC

**DISCLAIMER**

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

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## Abbreviations

AIDS	Acquired immune deficiency syndrome
ALERT	All Africa Leprosy Research and Treatment
CDC	U.S. Centers for Disease Control and Prevention
CPD	Continuing professional development
EMA	Ethiopia Medical Association
EMA	Ethiopia Midwives Association
ENA	Ethiopia Nurses Association
FMOE	Federal Ministry of Education
FMOH	Federal Ministry of Health
FTE	Full-time equivalent
HCI	USAID Health Care Improvement Project
HIT	Health information technicians
HIV	Human immunodeficiency virus
HMIS	Health management information system

HRD	Human Resource Directorate
HRH	Human resources for health
HRIS	Human resource information system
HSS	Health System Strengthening
IST	In-Service Training
MOE	Ministry of Education
MOH	Ministry of Health
NGO	Non-governmental organization
PST	Pre-service training
RHB	Regional Health Bureau
SNNPR	Southern Nations, Nationalities and Peoples Region
TWG	Technical Working Group
URC	University Research Co., LLC
USAID	United States Agency for International Development
WHO	World Health Organization

## EXECUTIVE SUMMARY

The scale-up of health care services would not be possible without significant investments in in-service training (IST) to build the capability of health workers to competently, safely and efficiently provide quality services. The effectiveness, efficiency and sustainability of these programs could be further improved if health workers, training program providers, Ministries of Health, donors and partners worked together towards an evidence-informed vision for in-service training improvement.

The Federal Ministry of Health (FMOH) and the USAID Health Care Improvement (HCI) Project, with input from the IST Technical Working Group (TWG), designed and implemented a rapid assessment of the national IST situation, IST program provider practices, and key stakeholder opinions on IST priorities, issues and strategic development. The rapid assessment was supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

The rapid assessment fed into an evidence-informed, multi-stakeholder process to develop a draft strategic framework for IST in Ethiopia. A consultative workshop was held August 13-15, 2012 with 35 participants representing the key stakeholder groups of FMOH, Regional Health Bureaus, higher training institutions, professional associations, development partners, and donors to develop the draft strategic framework.

The draft strategic framework included in this report defines the priority issues and strategic objectives, how these strategic objectives can be achieved, opportunities and barriers to implementation, as well as key stakeholders and their roles.

By utilizing findings from the rapid assessment and expertise amongst participants through structured group processes, key stakeholders reached consensus on a national IST strategic framework that is comprised of a set of 14 strategic objectives that set forth a shared vision and agenda for action to improve in-service training effectiveness, efficiency, and sustainability in Ethiopia's health sector.

# I. INTRODUCTION

## A. Background

The scale-up of health care services would not be possible without significant investments in in-service training (IST) to build the capability of health workers to competently, safely and efficiently provide quality services. The effectiveness, efficiency and sustainability of these programs could be further improved if health workers, training program providers, Ministries of Health, donors and partners worked together towards an evidence-informed vision for in-service training improvement.

The Federal Ministry of Health (FMOH) HRH Strategic Plan calls for standardization and institutionalization of in-service training programs including linking in-service training with re-licensing. This requires housing standardized in-service training in relevant institutions which will be accredited to provide in-service trainings as part of the national continuing professional development (CPD) program. The FMOH is leading the development of the IST guide, as well as a concept note outlining strategies for the institutionalization and standardization of training programs to facilitate better, more harmonized and locally owned training that is more sustainable. With these goals in mind, the Federal Ministry of Health and USAID Health Care Improvement Project (HCI), with input from the IST Technical Working Group (TWG), designed and implemented a rapid assessment of the national IST situation, IST program provider practices and key stakeholder opinions on IST priorities, issues and strategic development.

These findings were presented at a national workshop that brought together FMOH, Regional Health Bureaus' Human Resource Development and Administration (RHAs), local and international IST program providers, local training institutions and organizations, professional associations and development partners. Stakeholders reviewed findings and used these to inform a facilitated process to develop, refine and reach consensus on a national strategic framework for IST. Whilst this report describes key assessment findings in brief, it focuses on the framework and the development process. A separate report will describe the assessment findings in full.

The assessment and strategic framework development process were informed by a global activity, in 2011 in which FMOH and USAID Ethiopia collaborated to define practices that would improve IST effectiveness, efficiency, and sustainability. Between June and December 2011, the USAID Health Care Improvement Project facilitated a global process engaging training program providers, professional and regulatory bodies, Ministries of Health, development partners, donors and experts to develop and reach consensus on an improvement framework for IST. The consensus process consisted of five rounds of content development and review (modified Delphi approach). A 25-member IST consensus group, comprised of key stakeholder groups and experts, participated in four rounds with one round of external validation of recommendations undertaken by 89 individuals representing 26 countries worldwide, including representatives of the Federal Ministry of Health of Ethiopia and the Ethiopia USAID Mission.

The global IST improvement framework recommends practices agreed upon by stakeholders and experts internationally to improve IST and covers the following themes:

- Strengthening in-service training systems
- Coordination of training
- Continuum of learning from pre-service to in-service training
- Design and delivery of training
- Support for learning
- Evaluation and improvement of training

A short list of practices from the improvement framework relevant to the priority interests and needs in Ethiopia was identified by the FMOH and the IST TWG. In the rapid assessment, the identified

priorities were used to gather both quantitative and qualitative data on the prevalence of these practices and stakeholders' opinions about their desirability, feasibility and strategies for implementation.

By utilizing findings from the rapid assessment and expertise amongst participants through structured group processes, key stakeholders reached consensus on a national IST strategic framework that is comprised of a set of 14 strategic objectives and sets forth a shared vision and agenda for action to improve IST effectiveness, efficiency, and sustainability in Ethiopia's health sector.

## B. In-service Training in Ethiopia: Summary of Rapid Assessment Findings

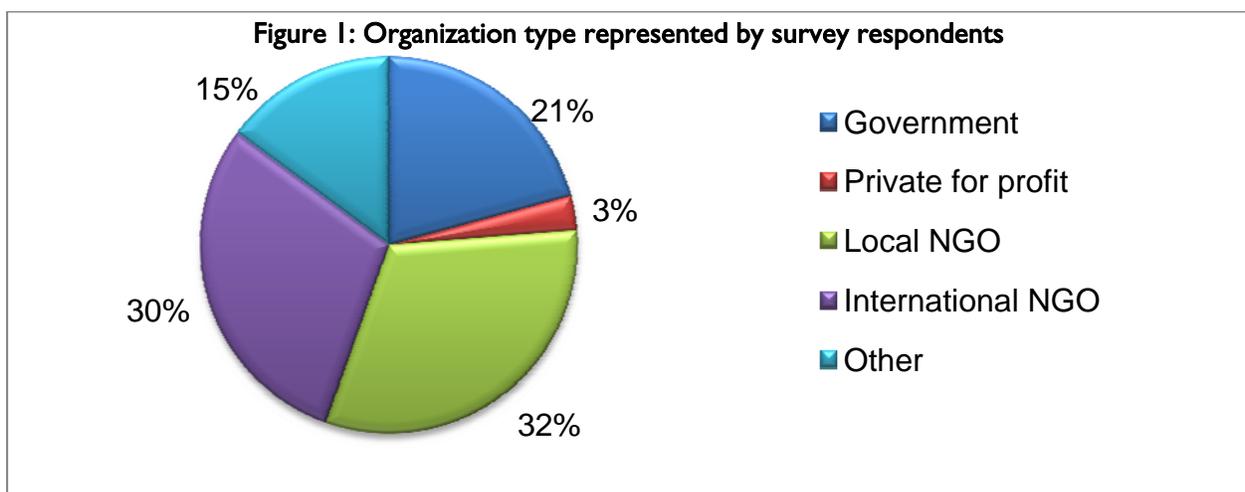
The rapid assessment applied both quantitative and qualitative methods to achieve the following objectives:

1. Analyze the IST situation in the country;
2. Analyze IST program provider practices in IST design, delivery and evaluation;
3. Analyze IST program provider linkages and interaction with health facilities to identify learning needs and participants and tracking training;
4. Identify strengths, weaknesses and best practices;
5. Gather stakeholder opinions on coordination, licensing and regular renewal of licenses, mandatory CPD systems, accreditation of IST materials and program providers, and opportunities and priorities for IST improvement, IST standardization and institutionalization; and
6. Identify research questions with regards to IST for future assessments/studies.

The methods of the assessment will be described in full in the technical report but are summarized here for the purposes of this workshop report. IST program providers were identified by the FMOH and the IST TWG, of which 68 eligible organizations providing IST were contacted via email and supported through phone calls to complete a survey. Between 19 June and 26 July 2012, a total of 34 IST program providers (55% response) completed the survey for 72 separate IST programs provided in the calendar year of 2011. Data were analyzed in SPSS.

Twenty key informants representing opinion leaders in IST were also identified by the FMOH and IST TWG to participate in structured qualitative interviews between 27 June and 27 July 2012. Interviews were audio recorded, transcribed verbatim, coded, and analyzed thematically. Highlights from these interviews follow.

**Respondent IST program providers:** Most of the respondents to the survey were NGOs. Figure 1 shows the breakdown of the organization types of respondent IST providers (n=34).



**Staffing:** Some key informants expressed that trainers for different trainings are not adequately knowledgeable. Accordingly, it was determined that less than half of IST providers have full-time equivalent (FTE) teaching staff with curriculum development competencies while half reported to have FTE staff with training competencies. Likewise, half of the IST providers had FTE staff with training evaluation competencies.

**Training needs assessment and tracking:** The survey indicated that less than a third (29%) of the IST providers consistently conducts training needs assessment. This was also asserted by the key informants, “... *some trainings are even provided without any demonstrated need for the country ...*”. Key informants also expressed the need to track all in-service training programs and trainees through a national and regional mechanism. Almost half of the surveyed IST providers were not submitting information about their training programs and trainees to a training tracking mechanism *all the time*.

**Development of learning materials and curriculum:** One key informant stressed the necessity of a formally-authorized training curriculum and material to maintain the quality of training programs “...*they have to be standardized in order to achieve the intended goal...*” Two-thirds of the respondents reported using what they claimed to be formally recognized IST programs and materials.

**Modalities of IST:** With regards to the modalities in the delivery of IST, 40% of training programs were conducted exclusively outside the work place, whilst a negligible proportion (<5%) were undertaken exclusively in the work place. Moreover, distance education and self-study components were uncommon learning modalities built into the design of surveyed training programs, 6% and 8%, respectively. It was also the concern of some key stakeholders who expressed that “...*all the trainings are off-the-job compromising duties of the organization.*”

**Topics/program areas:** The most commonly reported topics for IST programs were HIV and AIDS (28%), communication skills (22%), and family planning (17%). Workshop participants observed that training programs that included communication skills most likely did so in the context of training for the provision of HIV services. However, human resources management was not covered in any surveyed IST programs during the reporting period although it was subsequently reported by US Government agencies to be an area of training that they had invested in.

**Health workers trained:** The most frequently trained health workers in surveyed IST programs were physicians (42%), health officers (46%) and nurses (50%). On the other hand, other key health cadres such as HMIS personnel and laboratory personnel rarely received training (3% and 11%, respectively).

**Institutional strengthening:** Key informants emphasized that international development partners need to “*ensure sustainability through building local capacity for provision of training*”. Only half of the surveyed IST providers consistently used and strengthened local infrastructure and resources when they provided IST, while less than a fifth always provided technical assistance to build the capacity of local IST program providers. Key IST stakeholders stated the need to “... *support the Ministry and the lower level including the Regional Health Bureau to empower them to develop their own plans and strategies so that they can build their capacity to take over in-service trainings*”.

**Training location:** It was indicated that training programs were most frequently conducted in the regions of SNNP (47%), Addis Ababa (44%), Amhara (43%) and Oromia (43%). The types of sites used for training varied by region, however, the majority of training was conducted in hotels for 7/11 regions and 91% in the case of Addis Ababa.

**IST providers' partnership:** Nine out of ten IST programs partnered with other stakeholders when they planned or delivered or evaluated IST programs. However, few had partnerships with professional associations (5%) or local public training institution (21%). Overall, two-thirds of IST programs reported that they worked in partnership with the national/ regional authorities such as FMOH and RHBs. The need for partnership was clearly expressed in the key informant interviews - “*Collaboration is mandatory ...*”.

**Sponsorship for IST:** The survey revealed that eight out of every ten IST programs fully sponsored trainees to attend IST, with these resources sourced from development partners or donors.

**IST program evaluation:** Most IST providers do conduct pre-tests (85%) and post-tests (81%) to assess the immediate change in the knowledge and/or skill of trainees. However, only a fifth of the surveyed IST programs assessed post-training performance or outcomes. Moreover, nearly two-fifths of surveyed IST programs did not complete any IST evaluations, while nearly 80% of evaluations that were completed were undertaken by their own staff.

## II. WORKSHOP PROCEEDINGS

### A. Workshop Objectives

The purpose of the consultative workshop held between the 13<sup>th</sup> and 15<sup>th</sup> August 2012 was to develop a draft strategic framework for IST in Ethiopia. The purpose of the draft strategic framework was to define the priority issues and strategic objectives to address these. The draft strategic framework also intended to describe the strategies required to achieve the strategic objectives, as well as the opportunities and barriers to the implementation of these strategies, and relevant stakeholders and their roles. The workshop was designed to facilitate stakeholders to take an evidence-informed and consensus-based approach (see Annex 1 for workshop agenda). Thirty-five participants representing the key stakeholder groups of FMOH, Regional Health Bureaus, higher training institutions, professional associations, development partners and donors worked in small multi-stakeholder groups over the course of two and a half days to achieve the specific objectives described below (Table 1). (See Annex 2 for workshop participant list.)

**Table 1: Workshop objectives**

Monday 13 August	Tuesday 14 August	Wednesday 15 August
<ol style="list-style-type: none"> <li>1. To present and discuss key findings from the rapid in-service training assessment</li> <li>2. To identify and prioritize key in-service training issues and analyze their causes</li> <li>3. To define priority strategic objectives</li> </ol>	<ol style="list-style-type: none"> <li>1. To define strategies required to achieve priority strategic objectives</li> <li>2. To identify opportunities and barriers to for the implementation of strategies</li> <li>3. To identify key stakeholders and define their roles</li> </ol>	<ol style="list-style-type: none"> <li>1. To review and reach consensus on the draft strategic framework</li> <li>2. To determine next steps</li> <li>3. To define the commitments of key stakeholders to support next steps</li> </ol>

### B. Workshop Process

The workshop (Figure 2) was designed for the small multi-stakeholder groups to develop, review, and refine elements of the strategic framework for a specific set of strategic objectives. Each element was developed through structured group discussions that built on the outputs of previous discussions. On day 1, findings from the rapid IST assessment were used to initiate the process of developing the strategic framework and used to inform its different elements. The assessment results were made accessible for reference in the form of a factsheet that summarized key findings. Groups reviewed these findings to identify and prioritize key issues and develop strategic objectives that defined what stakeholders felt would be important to achieve. On day 2, groups developed the remaining elements of the strategic framework by identifying what strategies were required to achieve the strategic objectives as well as what opportunities and barriers there were to implementation. Groups also undertook a rapid stakeholder analysis to identify key stakeholders and their roles for each strategic objective.

Once the groups developed each element of the strategic framework, rounds of peer review were facilitated by periodically compiling and printing drafts throughout the workshop for independent review

by multiple groups, with opportunities built in for plenary review and feedback from FMOH representatives and other workshop participants. Prioritization exercises, during which participants indicated their top three priorities, were used as a way to facilitate discussion and group consensus. Small group facilitators played a key role in facilitating each small group discussion and were supported by HCI and a facilitators guide. Throughout the two and a half day process, stakeholders succeeded in not only developing the strategic framework but also in reaching full consensus. At the conclusion of the workshop, stakeholders advised on next steps to refine, finalize, formally approve and disseminate the strategic framework. Following the workshop, minor editorial revisions and clarifications were incorporated into this draft by the small group facilitators.

**Figure 1: Workshop process**



## C. Introductory Sessions

### 1. Opening and Plenary

Dr. Fitsum Girma, Technical Advisor in the Human Resource Directorate (HRD) at the Federal Ministry of Health and official representative of the HRD, welcomed the participants to the consultative workshop, which brought together representatives of key stakeholders. Representatives from the FMOH, Regional Health Bureaus, international development partners, non-governmental organizations (NGOs), Higher Teaching Institutions, professional associations and other institutions were present. Participants were introduced by Dr. Damte Woldemariam, Chief of Party for the Human Resources for Health (HRH) Project, a bilateral project funded by USAID. He further facilitated the opening session.

### 2. Workshop Objectives and USAID Interest in In-service Training

Ms. Diana Frymus, Health Systems Strengthening Advisor at USAID Washington, introduced the overall objectives of the workshop and described the interest and investments of USAID at various levels in IST. The importance of IST was further noted by Dr Samuel Hailemariam, Health Systems Strengthening Advisor at USAID/Ethiopia, who emphasized the mission’s collaborative work with FMOH towards IST program improvement.

Dr. Tana Wuliji, lead facilitator of the workshop and Senior Quality Improvement Advisor for Health Workforce Development on the USAID Health Care Improvement Project, briefed the workshop

participants about the project and HCI's work in facilitating the development of a global IST improvement framework that defines practices for improved IST effectiveness, efficiency, and sustainability.

### **3. Towards a National In-service Training Strategy**

Dr. Fitsum Girma from the HRD Directorate of FMOH described about the concept note on IST, rationale for a national IST strategy, steps taken towards institutionalization and standardization of IST, and associated steps.

Key challenges in the IST system were described by Dr. Girma and included:

- Lack of proper training needs assessment
- IST has (or IST programs have) not been standardized
- Most IST were provided by development partners
- No mechanism exists for accreditation
- Database problems

Dr. Fitsum emphasized developments led by the FMOH to improve IST, including the establishment of an IST technical working group (TWG) at the FMOH; the development of a national IST implementation guide to facilitate the institutionalization of IST – particularly to build local capacity, and efforts to ensure the availability and use of an IST database; and to develop guidance for the standardization of IST.

Considering the way forward, Dr. Fitsum noted that:

- Comments on the IST implementation guide were still welcome and will be incorporated accordingly
- The IST guide will be further informed by the rapid IST assessment findings and will be enriched by the outcome of the consultative workshop
- The final guide will be submitted to decision makers
- The final IST guide will be distributed to stakeholders for implementation

### **4. IST Rapid Assessment Findings**

Dr. Fikreab Kebede presented the key findings of the rapid assessment (summarized in section I.B). Participants welcomed the study and sought clarifications about the methodology and the selection of IST program providers, which were addressed by the assessment team. In regards to the assessment team's final recommendations, it was stated that the team wished to engage stakeholders to reflect on the findings and to reach conclusions together on recommendations. Some findings from the assessment were highlighted as major concerns for stakeholders in Ethiopia, particularly with respect to the effectiveness, efficiency and sustainability of IST given the gaps identified in practices and donor dependency in IST funding and sponsorship.

#### **D. Strategic Framework Development Sessions**

This section summarizes the processes and outputs of the IST strategy development. Participants were grouped in a way to maintain representation of different stakeholders. Accordingly, five groups each with 6-7 participants were formed to work together throughout the workshop.

##### **1. Small Group Discussion 1: Key IST Issues**

The first small group discussion asked participants to identify priority issues affecting IST in Ethiopia (Table 2). The lack of both clear government strategies and ownership of IST by government, in addition to the absence of linkages between pre-service and in-service training, and donor-dependent and donor-driven IST programs, were some of the obstacles identified by groups. The issues were listed on a flipchart and participants prioritized them by selecting their top three priorities by attaching stickers. They are listed in descending order of the frequency of these ratings in Table 2.

**Table 2: Priority strategic issues**

Priority strategic issues		Frequency of ratings
IST system	<ul style="list-style-type: none"> <li>• Lack of system, guidelines, processes and strategy for IST</li> <li>• Lack of effective planning and follow up for the implementation of plans</li> <li>• IST planning is top-down</li> <li>• Lack of ownership and donor dependency</li> <li>• Lack of local capacity to train</li> <li>• IST disrupts service delivery</li> <li>• Trainee selection issues: no proper criteria, participant selection is driven by incentives (not by competency development needs)</li> <li>• IST is used as incentives for health workers</li> </ul>	22
Needs-based and context-relevant IST	<ul style="list-style-type: none"> <li>• No systematic needs assessment are undertaken</li> <li>• Planning of IST is erratic</li> <li>• Refresher training programs are uncommon</li> <li>• Training is not needs-based</li> <li>• Universities are not involved in meeting the FMOH need for IST</li> <li>• IST is donor dependent and donor driven</li> </ul>	21
Post-training follow up, monitoring and evaluation	<ul style="list-style-type: none"> <li>• Trainers are not objectively evaluated</li> <li>• No external body to evaluate training</li> </ul>	16
Accreditation and licensing of IST	<ul style="list-style-type: none"> <li>• Lack of accreditation and licensing system for IST: no mechanism to recognize participation in IST</li> <li>• Certification is given for attendance rather than for attainment of competencies</li> </ul>	12
Quality of IST	<ul style="list-style-type: none"> <li>• Inadequate numbers of trainers</li> <li>• Inadequate sites for training</li> <li>• Weak training infrastructure/environment</li> <li>• Lack of updated curriculum</li> <li>• Adult learning methods are not effectively used</li> <li>• Training is mostly conducted out of the work place</li> <li>• Curricula are often not competency-based</li> <li>• Lack of standardization of materials with materials often not updated in a timely way (due to lack of leadership for IST, poor communication between partners, lack of standards, donor driven IST)</li> </ul>	6
Linkages between pre-service education and IST	<ul style="list-style-type: none"> <li>• Lack of linkages between pre-service education and in-service training providers</li> </ul>	5
Partnership with professional associations	<ul style="list-style-type: none"> <li>• Professional associations have expertise which is not utilized for the provision of IST</li> </ul>	3

Priority strategic issues		Frequency of ratings
Coordination and tracking	<ul style="list-style-type: none"> <li>Lack of effective means by which to track IST programs and trainees undertaking IST</li> </ul>	2
Effectiveness of IST	<ul style="list-style-type: none"> <li>Limited impact of training: no cascade of training programs, limited transfer of learning, unclear impact on performance, lack of refresher training</li> </ul>	1
Linkage between IST and career development	<ul style="list-style-type: none"> <li>Trainees undertake IST for financial motivations rather than for professional development</li> <li>IST is not linked to re-licensing for professional practice</li> </ul>	1

## 2. Small Group Discussion 2: Strategic Objectives

The strategic priorities were divided across the five small groups who then were tasked with defining objectives that would address the areas of greatest concern related to IST. These objectives were posted on a flipchart and prioritized by each participant and are summarized below in descending order of priority (Table 3).

**Table 3: Strategic objectives in order of priority**

Priority	Strategic Objectives	Frequency
1	Establish national IST framework	26
2	Institutionalize IST	21
3	<i>Woredas</i> and health facilities create annual IST plan based on needs assessment and harmonize with national and regional priorities	12
4	System for linking IST as part of CPD with licensing and re-licensing of health care providers	9
5	Staff promotion and development incorporates credited IST and performance evaluation	8
6	Web-based human resource information system (HRIS) includes IST and is updated quarterly	5
7	IST providers collaborate with local institutions and professionals associations	4
	Define IST practices, stakeholders and responsibilities	4
9	Human resource directorate and HR support processes coordinate HRH activities and IST	3
	Standardize IST curricula	3
11	Establish system for regular review and updating of IST materials	1
	Institutions providing IST are accredited	1
	Continuum of competencies spans across IST and pre-service training (PST)	1
14	Trainers fulfill minimum competencies	0

### 3. Review and Prioritize Strategic Objectives

Draft strategic objectives developed by each group were distributed to participants for review and revision.

It was recommended that timeframes for each objective be defined, and that objectives, which seemed to be describing strategies, be revised. Some changes were also made by merging and/or rephrasing objectives. Accordingly, the changes made by the respective small groups were captured electronically by the facilitators.

The list of revised strategic objectives proposed by the five small groups was posted on a flipchart for further prioritization. Each participant was again given three stickers to indicate their top three strategic objectives for improving IST in the country. This helped to identify the crucial objectives that should represent the top priorities for FMOH and stakeholders.

Following table describes the priority ratings of the refined strategic IST objectives and compares them to their prior rating. Through the workshop process whereby participants worked with other stakeholders to jointly develop elements of the strategic framework, it was observed that participants gradually shifted their priorities towards greater agreement on the critical issues that needed to be addressed. Whilst the first three priorities did not change, objectives relating to collaboration with local institutions and professional associations and standardization become markedly more important.

**Table 4: Refined strategic objectives in priority order**

Rank	Strategic Objectives	Initial prioritization	Final prioritization
1	Establish national framework	26	26
2	Institutionalize IST	21	20
3	Annual IST plans at national, regional, <i>woreda</i> , and health facility levels aligned to priorities	12	10
4	All IST providers collaborate with local institutions and professional associations	4	9
	CPD is linked to re-licensing health care providers	9	9
	Standardize curricula and materials	3	9
7	HR directorate and HR support processes coordinate HRH activities including IST	3	6
8	Continuum of competencies from PST to IST and collaboration	1	3
	Staff promotion and development incorporates credited IST and performance appraisal	8	3
10	Web based HRIS including IST	5	2
11	Define IST practices	4	2
12	Trainers fulfill minimum competencies	0	1
	Institute IST audits to ensure compliance to standards and guidelines	--	1
14	All IST providers are accredited	--	0

#### 4. Small Group Discussion 3: Inputs and Strategies Required to Achieve Goals

Small groups continued with the same objectives and developed the elements of the strategic framework that describe the strategies and inputs required to achieve defined goals.

At the conclusion of the group work, participants shared their insights in plenary. Individuals reflected on each presentation and provided feedback for due consideration by the respective group(s). To further refine the strategies and inputs, two rounds of peer review were undertaken in such a way that each group selected a representative that was assigned as its “ambassador”. Each ambassador went to two other groups to collect and bring back comments and questions on their group’s work. The group ambassadors returned to their respective groups and presented the findings, which facilitated further refinement. Revised versions were submitted to the facilitators.

#### 5. Small Group Discussion 4: Opportunities and Barriers and Small Group Discussion 5: Key Stakeholders and Their Roles

Following brief remarks by the lead facilitator, group discussions focused upon exploring opportunities, barriers, key stakeholders and their roles. Accordingly, each group came-up with a list of the same criteria and the way in which they could affect the realization of the strategies. These were submitted to the facilitators through their respective rapporteurs.

#### 6. Key Elements of the Strategic Framework for In-service Training

At the conclusion of the second day, the facilitators compiled all the content for the strategic framework and printed it for circulation to all participants at the start of day 3. Dr. Fitsum Girma from FMOH reflected on the key elements he observed. He highlighted particular areas that needed further refinement so as to produce a draft strategic framework for review and endorsement by the policy makers at the FMOH and other relevant agencies. Participants were given an opportunity to work in small groups to further review and revise the content of the strategic framework with two additional rounds of independent group review. Ambassadors of the group elicited and collected feedback to inform final revisions.

#### 7. Process of Framework Review and Consensus-building on the Strategic Framework

The overall content of the framework was presented for the participants to reach consensus about the rationale, objectives, strategies, inputs, opportunities, barriers, stakeholders and their roles that were suggested by different small groups. Each strategic objective was reviewed one at a time in plenary, with the relevant group called upon to describe any major revisions, clarify any content and address any concerns raised by other participants. The facilitator then asked if anyone had objections to the content of the framework. The absence of objections denoted consensus and the review proceeded to subsequent objectives until consensus had been reached on all of them. Issues that required further discussion or consultation post-workshop were documented and will be put on the agenda of the IST TWG (Table 5).

**Table 5: Key concerns to be addressed to finalize the IST strategic framework**

Strategic Objective	Concerns/Issues for further discussion
8. A continuum of competencies that spans across PST and IST programs will be utilized to create functional collaboration among key stakeholders (5 years)	Strategies <ul style="list-style-type: none"><li>• There are many other coordinating bodies, needs to be taken into consideration. Should name the body responsibility</li></ul>
9. IST curricula are standardized and materials are updated (2 years)	Stakeholder roles <ul style="list-style-type: none"><li>• FMOH - leads the process and set standards -</li></ul>

Strategic Objective	Concerns/Issues for further discussion
	Standards for what? Unclear <ul style="list-style-type: none"> <li>RHB - implements the program - What is the role of the RHB in standardizing and updating materials? Unclear</li> </ul>
10. Ensure trainers fulfill minimum competencies (2 years)	Statement of rationale <ul style="list-style-type: none"> <li>Need to develop further into a full statement of rationale – what is the issue identified that this is going to address?</li> </ul>
11. Institute IST audits to ensure compliance to standards and guidelines (2 years)	Stakeholder roles <ul style="list-style-type: none"> <li>FMOH/RHB roles needs to be further developed into a clear and full statement of role, this is not self-explanatory</li> </ul>
13. Establish system for linking credited IST/CPD with re-licensing of health care providers (3years)	Strategies <ul style="list-style-type: none"> <li>Revisit the 2<sup>nd</sup> strategy for its feasibility - Define roles and responsibilities of an independent/autonomous licensing body by 2014 (2 years)</li> </ul> Roles <ul style="list-style-type: none"> <li>Define the Ethiopian Health Professions Council's role</li> </ul>

## 8. Small Group Discussion 7: Next Steps

Groups identified and reached agreement on the following next steps to be taken following the workshop:

1. Complete a technical review of the strategic framework
2. Disseminate the draft framework for feedback from health workers, institutions and other stakeholders at the regional level (FMOH to coordinate, Jhpiego can support)
3. Incorporate revisions by TWG from feedback and address any remaining concerns
4. Finalize framework by the end of August
5. Endorse framework by FMOH (by the end of 2012)
6. Finalize IST guideline (to align it with the strategic framework)
7. Disseminate framework and guideline to all stakeholders, invitation to stakeholder meeting (2 months after approved)
8. Organize a meeting of stakeholders to outline an implementation plan guided by the strategic framework that:
  - a. determines resources and technical support required for implementation,
  - b. determines the roles and responsibilities of stakeholders for implementation,
  - c. describes a monitoring and evaluation plan, and that
  - d. identifies capacity building gaps that need to be addressed
9. Develop an MOU for stakeholders that defines the commitments of stakeholders to support implementation (1 month after the stakeholders meeting)
10. Implement plan
11. Monitor and evaluate progress in implementation on an ongoing basis

## 9. Statement of Commitment of the Workshop Participants

Improving the effectiveness, efficiency and sustainability of IST will require contributions by all stakeholders. Participants were individually invited to describe in plenary what they personally would do after the workshop to contribute towards the achievement of the strategic framework objectives and agreed upon next steps, which are summarized below.

**Table 6: Participant statements of commitment**

No.	Participant/ Institution	Statement of commitment
1	WHO	I will keep on to provide expertise as member of TWG
2	Ethiopian Nurses Association	I will refresh my colleagues on IST
3	Hosanna Health Science College	I will try to brief objective of the workshop and collect some feedback for the framework.
4	St. Paul Hospital	I will work with the FMOH and others on IST
5	Jhpiego	I will try to learn more about the strategy and support technically; keep on supporting technically and financially; and support regions and all others towards realization of objectives
6	FMOH	I would like to brief my colleagues about the strategic framework
7	CDC	I will convey all information to my team and keep on being engaged
8	ALERT	I will do my best to inform others
9	Ethiopian Society of Obstetricians and Gynecologists	I will be advocate the initiative and inform to members of the society
10	SNNPR RHB	I will inform the objectives of the workshop to the bureau
11	Management Sciences for Health	I will align our project strategy, and make sure trainings we are providing is aligned with the framework
11	Shashemene Health Science College	I will work strongly with other stakeholders on IST
12	Jimma University	I will inform my academic commission, emphasize the role of our school for the realization of the strategy and advocate for the framework and guideline
13	Addis Ababa RHB	I am interested and ready to work to achieve the strategy
14	UNICEF	We will be partners with Jhpiego and professional associations and I will be actively engaged in realizing the framework
15	Ethiopia Midwives Association	We will do our best
16	Hawassa University	I will work to align our college endeavor to establish training center. As pre-service educator I will try to link pre-service and IST
17	Diredawa Health Bureau	I will inform the regional health bureau members
18	Management Sciences for Health	I will support the initiative until it its fruitful
19	Ethiopia Medical Association	I will make sure access to planned IST activity responsive to the need
20	Amhara RHB	I will disseminate to others and work with partners
21	Gambella RHB	I will inform other staff about this workshop and strategic framework

No.	Participant/ Institution	Statement of commitment
22	ITEC	I am ready to work with others, and share and align our work to the framework
23	FMOH	I will help strengthen the IST TWG
24	USAID/Ethiopia	I am personally committed and responsible to make sure progress happens through bilateral HRH Project
25	USAID/Washington	I will share this experience with colleagues at Headquarters and in other countries; I will provide support and follow-up
26	FMOH	We will institutionalize and standardize training; We will finalize and implement the IST strategic framework and guidelines
27	HCI/URC	We will finalize the technical report with the rapid assessment findings and the workshop report; We will learn from and share this experience with other countries.

## 10. Draft In-Service Training Strategic Framework

The resultant draft strategic framework is included in Annex 3 with the strategic objectives that address key IST issues in Ethiopia described below:

1. Establish a national framework for IST with defined structure and function for each level (1 year)
2. Standardize IST practices (1 year)
3. Institutionalize IST (2 years)
4. Institute a web-based HRIS including IST that is updated quarterly (2 years)
5. Produce an HR Directorate and HR Support Process at all levels to coordinate HRH activities including IST (1 year)
6. Collaborate among all IST providers with local institutions and professional associations (2 years)
7. Create and implement annual IST plans that are harmonized with national and regional priorities at FMOH, regions, *woredas*, and health facility levels (2 years)
8. Utilize a continuum of competencies that spans across PST and IST programs to create functional collaboration among key stakeholders (5 years)
9. Standardize IST curricula and update training materials update (2 years)
10. Ensure trainers fulfill minimum competencies (2 years)
11. Institute IST audits to ensure compliance to standards and guidelines by (2 years)
12. Accredite all institutions providing IST/CPD (3 years)
13. Establish system for linking credited IST/CPD with re-licensing of health care providers (3years)
14. Incorporate credited IST/CPD and performance evaluations into the set of considerations for staff promotion and development (3 years)

## III. CLOSING

Concluding remarks were given by Dr. Fitsum Girma, FMOH, Dr. Samuel Hailemariam, USAID/Ethiopia, and Ms. Diana Frymus, USAID/Washington, who felt that the design of the process enabled the development of a draft IST strategic framework. They thanked participants for their contributions and extended their gratefulness to the rapid assessment team for leading the study and facilitating the workshop process. Dr. Girma and Dr. Hailemariam committed their respective institution's support for finalizing and materializing goals described in the framework.

## ANNEXES

### Annex 1: Workshop Program “Towards a National In-service Training Strategy: Consultative Workshop”

Federal Ministry of Health, Ethiopia

13 - 15 August 2012, Venue: Negash Lodge, Wolisso, Oromia Regional State

Time	Monday 13 August	Tuesday 14 August	Wednesday 15 August
<b>Objectives</b>	<ol style="list-style-type: none"> <li>4. To present and discuss key findings from the rapid in-service training assessment</li> <li>5. To identify and prioritize key in-service training issues and analyze their causes</li> <li>6. To define priority strategic objectives</li> </ol>	<ol style="list-style-type: none"> <li>4. To define strategies required to achieve priority strategic objectives</li> <li>5. To identify opportunities and barriers to for the implementation of strategies</li> <li>6. To identify key stakeholders and define their roles</li> </ol>	<ol style="list-style-type: none"> <li>4. To review and reach consensus on the draft strategic framework</li> <li>5. To determine next steps</li> <li>6. To define the commitments of key stakeholders to support next steps</li> </ol>
9:00 – 10:30	<ul style="list-style-type: none"> <li>▪ <b>Welcome</b>, Dr. Lydia Tesfaye, Assistant Director, HRD Directorate, FMOH (10 min)</li> <li>▪ <b>Participant introductions</b>, Dr. Fitsum Girma (10 min)</li> <li>▪ <b>Workshop objectives and USAID and In-service training</b>, Diana Frymus, Health Systems Strengthening Advisor, USAID GH/OHA.SPER (10 min)</li> <li>▪ <b>Workshop outline and process</b>, Tana Wuliji, USAID Health Care Improvement Project (HCI), URC (10 min)</li> <li>▪ <b>Towards a national in-service training strategy:</b> (40 min) <ul style="list-style-type: none"> <li>- Dr. Fitsum Girma, Technical Advisor, HRD Directorate, FMOH</li> <li>- Dr. Samuel Hailemariam, Health Service Strengthening Advisor, USAID</li> </ul> </li> <li>▪ <b>IST rapid assessment objectives and method</b> <ul style="list-style-type: none"> <li>- Tana Wuliji, HCI (10 min)</li> </ul> </li> <li>▪ <b>Plenary discussion</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Recap from Day One</b> (10 min), Kenedi Gutema, HCI</li> <li>▪ <b>Review and prioritize strategic objectives</b> (30 min)</li> <li>▪ <b>Small group discussion 3:</b> Inputs and strategies required to achieve goals (50 min)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Recap from Day Two</b> (10 min), Abyot Asres, HCI</li> <li>▪ <b>Key elements of the strategic framework for in-service training</b>, Dr. Fitsum, FMOH (15 min)</li> <li>▪ <b>Small group discussion 6:</b> Framework review (65 min)</li> </ul>

Time	Monday 13 August	Tuesday 14 August	Wednesday 15 August
10.30 – 11.00	<i>Coffee</i>		
11.00 – 12.30	<ul style="list-style-type: none"> <li>▪ <b>IST rapid assessment findings</b> (60 min) <ul style="list-style-type: none"> <li>- Tana Wuliji, HCI</li> <li>- Fikreab Kebede, HCI</li> <li>- Kenedi Gutema, HCI</li> </ul> </li> <li>▪ <b>Plenary discussion</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Small group discussion 3:</b> Inputs and strategies required to achieve goals – continued (30 min)</li> <li>▪ <b>Group reports and plenary discussion</b> (60 min)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Consensus building on strategic framework,</b> Tana Wuliji (90 min)</li> </ul>
12.30 – 1.30	<i>Lunch</i>		
1.30 – 3.00	<ul style="list-style-type: none"> <li>▪ <b>Small group discussion 1:</b> Key IST issues (60 min)</li> <li>▪ <b>Group reports and plenary discussion</b> (30 min)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Small group discussion 4:</b> Opportunities and barriers (60 min)</li> <li>▪ <b>Group reports and plenary discussion</b> (30 min)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Plenary/Small group discussion 7:</b> Next steps (30 min)</li> <li>▪ <b>Group reports and plenary discussion</b> (15 min)</li> <li>▪ <b>Statement of commitments</b> (15 min)</li> <li>▪ <b>Conclusions</b> (15 min)</li> <li>▪ <b>Closing remarks, Dr. Lydia, FMOH</b> (15 min)</li> </ul>
3.00 – 3.30	<i>Coffee</i>		
3.30 – 5:00	<ul style="list-style-type: none"> <li>▪ <b>Small group discussion 2:</b> Strategic objectives (60 min)</li> <li>▪ <b>Group reports and plenary discussion</b> (30min)</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>Small group discussion 5:</b> Key stakeholders and their roles (60 min)</li> <li>▪ <b>Group reports and plenary discussion</b> (30 min)</li> </ul>	

## Annex 2: Participant List

### In-Service Training Strategic Planning Workshop, 13 – 15 August 2012, Negash Loadge, Wolliso, Oromia - Ethiopia

#	Name	Position/Title	Institution	Phone	Email address
1.	Abiy Hiruye (Dr)	Executive Director	Ethiopian Medical Association	0912166601	<a href="mailto:the2abi@gmail.com">the2abi@gmail.com</a>
2.	Abyot Asres	Consultant	USAID Health Care Improvement Project, URC	0911905554	<a href="mailto:abyotas@yahoo.com">abyotas@yahoo.com</a>
3.	Adem Alelign	Urban Management	Amhara RHB		
4.	Aster Teshome	MRH	FMOH	0911456406	<a href="mailto:aster1621@gmail.com">aster1621@gmail.com</a>
5.	Cate Mckinney (Dr)	Education	CDC	0911517133	
6.	Damtew Woldemariam	COP, HRH Project	Jhpiego	0911807682	<a href="mailto:ddagoye@jhpigo.net">ddagoye@jhpigo.net</a>
7.	Dawit G. Sellassie	Midwife	EMA	0913416898	<a href="mailto:dawitkalefom@gmail.com">dawitkalefom@gmail.com</a>
8.	Demissew Assefa	Sociologist	CDC	0911508328	<a href="mailto:assefad@etc.cdc.gov">assefad@etc.cdc.gov</a>
9.	Diana Frymus	Health Systems Strengthening Advisor	USAID/Washington	+202.808.3848	<a href="mailto:dfrymus@usaid.gov">dfrymus@usaid.gov</a>
10.	Elias Geremew	Pharmacist	Management Sciences for Health/SIAPS	0911836954	<a href="mailto:egeremew@msh.org">egeremew@msh.org</a>
11.	Emebete Makonnen	Sociologist	SNNPR (RHB)	0911817744	<a href="mailto:emekonnen62@yahoo.com">emekonnen62@yahoo.com</a>
12.	Endalkachew Melesie (Dr)	Technical Director	I-TECH-E	0911406681	<a href="mailto:endalkachewm@itech-ethiopia.org">endalkachewm@itech-ethiopia.org</a>
13.	Fikadu Balcha	Nurse	Jimma University	0911004133	<a href="mailto:fikadubalcha@gmail.com">fikadubalcha@gmail.com</a>
14.	Fikreab Kebede (Dr)	Consultant	USAID Health Care Improvement Project, URC	0910075355	<a href="mailto:fikreabk@gmail.com">fikreabk@gmail.com</a>
15.	Fitsum Girma (Dr)	MD/ MPH	FMOH	0917804075	<a href="mailto:fitsumhabte@yahoo.com">fitsumhabte@yahoo.com</a>
16.	Gail Amare	Director of Country Operations	MSH/LMG	0911111077	<a href="mailto:gamare@msh.org">gamare@msh.org</a>
17.	Gion Tirsite (Dr)	MD	WHO	0911807827	<a href="mailto:mengistu9@who.int">mengistu9@who.int</a>
18.	Haile G/Tinsae	Management		0914724546	
19.	Kelil Hussen	Nurse	Oromia Health Science College, Shashemene	0911711543	<a href="mailto:kenaolifenet@yahoo.com">kenaolifenet@yahoo.com</a>
20.	Keneni Gutema	Consultant	USAID Health Care Improvement Project, URC	0911424467	<a href="mailto:kenenigut@yahoo.com">kenenigut@yahoo.com</a>
21.	Khynn Win Win Soe	Health Specialist	UNICEF	0922112419	<a href="mailto:ksoe@unicef.org">ksoe@unicef.org</a>
22.	Kinfe Haile	HR Director	St. Paul Millennium College	0911423937	<a href="mailto:kinfe.haile@yahoo.com">kinfe.haile@yahoo.com</a>
23.	Lemma Belayneh	Health Officer	Oromia RHB	0924042008	<a href="mailto:lemmabelayneh@gmail.com">lemmabelayneh@gmail.com</a>

#	Name	Position/Title	Institution	Phone	Email address
24.	Mahdir Getachew	Management	Addis Ababa RHB	0911135995	<a href="mailto:mahddy_new@yahoo.com">mahddy_new@yahoo.com</a>
25.	Marta Habteselassie	Nurse	ENA	0911891633	<a href="mailto:martahabta@yahoo.com">martahabta@yahoo.com</a>
26.	Mezemir Ketema	Management	ALERT	0911253983	<a href="mailto:kmez96@yahoo.com">kmez96@yahoo.com</a>
27.	Mohammad Habib	Management	Dire Dawa RHB	0920696475	<a href="mailto:mohammed_hbb@yahoo.com">mohammed_hbb@yahoo.com</a>
28.	Muluken Tadele	Pharmacist	Gambella RHB	0917804639	
29.	Mussie Tesfay	Anesthetist	Mekelle University	0914034771	<a href="mailto:moses28w@gmail.com">moses28w@gmail.com</a>
30.	Samuel H/Mariam (Dr)	Health Systems Strengthening Advisor	USAID-Ethiopia	0911404872	<a href="mailto:shailemariam@usaid.gov">shailemariam@usaid.gov</a>
31.	Shukuri Cali	Nurse	Somali RHB	0915747583	<a href="mailto:muntazdoal@hotmail.com">muntazdoal@hotmail.com</a>
32.	Solomon Worku (Dr)	CME Project Manager	Jhpiego	0917801709	<a href="mailto:sbeza@jhpiego.net">sbeza@jhpiego.net</a>
33.	Tana Wuliji (Dr)	Senior Health Workforce Development Advisor	USAID Health Care Improvement Project, URC	+13012727226	<a href="mailto:twulij@uvc_ohs.com">twulij@uvc_ohs.com</a>
34.	Tegbar Yigzaw (Dr)	Deputy Chief of Party, HRH	Jhpiego	091140 8682	<a href="mailto:tyigzaw@jhpiego.net">tyigzaw@jhpiego.net</a>
35.	Tesfaye Gudeta	Management	FMOH	0911422542	<a href="mailto:adgag@yahoo.com">adgag@yahoo.com</a>
36.	Yitagesu Habtu	MPH	Hossana Health Science College	0911552560	<a href="mailto:yitagesuh@yahoo.com">yitagesuh@yahoo.com</a>
37.	Zerihun Wold (Dr)	MD, MSc	Hawassa University	0911430891	<a href="mailto:zerihunet@yahoo.com">zerihunet@yahoo.com</a>

### Annex 3: Draft In-Service Training Strategic Framework

*Note: The comments highlighted in this draft indicate issues that require further discussion by the IST TWG and stakeholders in order to finalize this strategic framework.*

Strategic objectives	Statement of rationale	Strategies and inputs	Opportunities and barriers	Stakeholders	Stakeholder roles
1. Establish a national framework for IST with defined structure and function for each level (1 year)	Absence of comprehensive and clear structure and functions of IST units at national and regional levels in the IST system	<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Identify and engage stakeholders involved in IST in the development of the national IST framework</li> <li>2. Situational analysis on IST program organization structure and responsibilities in FMOH, RHBs, IST program providers</li> <li>3. Benchmarking best experiences on IST framework with low income countries through study tours and hosting visitors</li> </ol> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. Finances for situational analysis, technical assistance, travel for benchmarking</li> <li>2. Technical expertise for situational analysis and framework development</li> <li>3. Political commitment to allocate resources, engage experts, support framework development, motivate IST program providers, provide national direction</li> <li>4. Findings from rapid IST assessment</li> </ol>	<p><b>Opportunities:</b></p> <ol style="list-style-type: none"> <li>1. Draft HRH strategy</li> <li>2. Partnerships (funding, projects)</li> <li>3. FMOH interest</li> <li>4. Availability of expertise</li> <li>5. TWG available</li> </ol> <p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>1. The technical working group may face time constraints due to competing priorities</li> </ol>	FMOH HRD	<ol style="list-style-type: none"> <li>1. Map the IST stakeholders</li> <li>2. Develop the framework in collaboration with stakeholders</li> <li>3. Assign roles and responsibilities for stakeholders</li> <li>4. Coordinate and lead situational analysis</li> <li>5. Form and head bench marking team</li> <li>6. Review and finalize IST implementation plan</li> <li>7. Coordinate involvement of stakeholders in plan</li> </ol>
				RHBs	<ol style="list-style-type: none"> <li>1. Provide information for situational analysis</li> <li>2. Participate in data collection for situational analysis</li> <li>3. Participate in benchmarking team</li> </ol>
				Local training institutions, Professional associations	<ol style="list-style-type: none"> <li>1. Participate in consultative workshop</li> <li>2. Disseminate and advocate information for local implementation</li> <li>3. Provide technical expertise for situational analysis</li> <li>4. Contribute to framework development</li> </ol>

Strategic objectives	Statement of rationale	Strategies and inputs	Opportunities and barriers	Stakeholders	Stakeholder roles
				Implementing partners	<ol style="list-style-type: none"> <li>1. Contribute to framework development</li> <li>2. Provide information for situational analysis</li> <li>3. Participate in data collection for situational analysis</li> <li>4. Financial support</li> <li>5. Technical expertise</li> </ol>
2. Standardize IST Practices (1 year)	IST programs are not standardized	<b>Strategies:</b> <ol style="list-style-type: none"> <li>1. Strengthen the TWG</li> <li>2. Revise and finalize IST implementation guideline</li> <li>3. Capacity building to support IST program providers to implement standardized practices</li> <li>4. M&amp;E to ensure compliance with defined practices in the IST implementation guideline</li> </ol> <b>Inputs:</b> <ol style="list-style-type: none"> <li>1. Finances for organizing workshops</li> <li>2. Expertise involving in the TWG</li> </ol>	<b>Opportunities:</b> <ol style="list-style-type: none"> <li>1. Draft IST Guideline</li> <li>2. Partnerships (funding, projects)</li> <li>3. FMOH interest</li> <li>4. Availability of expertise</li> </ol> <b>Barriers:</b> <ol style="list-style-type: none"> <li>1. Inadequate human and infrastructural capacity to implement standard practices (RHBs, IST sites)</li> <li>2. Multiplicity of different training types</li> </ol>	FMOH HRD	<ol style="list-style-type: none"> <li>1. Lead and coordinate IST implementation guideline development and adoption process</li> <li>2. Strengthen and support the TWG</li> <li>3. Disseminate the guideline</li> </ol>
				Development partners and donors	<ol style="list-style-type: none"> <li>1. Participate in the development of the guideline</li> <li>2. Provide finances</li> <li>3. Build capacity of local training institutions and professional associations in IST</li> <li>4. Comply with IST standards</li> </ol>
				Professional associations and local training institutions	<ol style="list-style-type: none"> <li>1. Participate in the development of the guideline</li> <li>2. Comply with IST standards</li> </ol>
				RHBs	<ol style="list-style-type: none"> <li>1. Participate in the development of the guideline</li> <li>2. Advocate for application of standard practices</li> </ol>

Strategic objectives	Statement of rationale	Strategies and inputs	Opportunities and barriers	Stakeholders	Stakeholder roles
3. Institutionalize IST (2 year)	IST lacks country ownership, is dependent on donor financing and mainly provided by development partners, thus posing risks to sustainability	<b>Strategies:</b> <ol style="list-style-type: none"> <li>1. Revise and finalize IST institutionalization guideline</li> <li>2. Advocacy on the need for institutionalization and local ownership</li> <li>3. Engage stakeholders in capacity building of local institutions (human resource, infrastructure, supplies, equipments)</li> <li>4. Ensure Follow-up and continuous support for implementation</li> </ol> <b>Inputs:</b> <ol style="list-style-type: none"> <li>1. Finance for capacity building efforts</li> <li>2. Staffing levels in local institutions</li> <li>3. Technical expertise for human resource development at teaching institutions</li> </ol>	<b>Opportunities:</b> <ol style="list-style-type: none"> <li>1. Draft HRH strategy</li> <li>2. Draft institutionalization guideline</li> <li>3. Partnerships (funding, projects)</li> <li>4. Leadership commitment</li> <li>5. Felt need for change among stakeholders</li> <li>6. Availability of expertise</li> <li>7. Potential for motivating staff at training institutions</li> <li>8. Available experience on institutionalization by some stakeholders</li> </ol> <b>Barriers:</b> <ol style="list-style-type: none"> <li>1. Low capacity – human, organizational, infrastructure</li> <li>2. High staff turnover in local training institutions</li> <li>3. Resistance to change from development partners and local teaching institutions</li> </ol>	FMOH HRD, RHBs	<ol style="list-style-type: none"> <li>1. Lead and coordinate</li> <li>2. Develop the guidelines</li> <li>3. Disseminate guidelines</li> <li>4. Build infrastructure and provide materials</li> <li>5. Advocacy</li> <li>6. Mobilize resources to support institutionalization of IST</li> </ol>
				Development partners and donors	<ol style="list-style-type: none"> <li>1. Technical assistance to build capacity of local institutions</li> <li>2. Financial support to finalize the guideline and build institutional infrastructure and materials</li> </ol>
				Federal Ministry of Education (FMOE)	<ol style="list-style-type: none"> <li>1. Invest infrastructure and materials</li> </ol>
				Training Institutions	<ol style="list-style-type: none"> <li>1. Actively engage in the implementation of the institutionalization process</li> </ol>
4. Institute a web-based HRIS including IST that is updated quarterly (2 years)	Absence of a tracking mechanism for IST at all levels of the health system	<b>Strategies:</b> <ol style="list-style-type: none"> <li>1. Review and revise HRIS manual, software, reporting and feedback system to incorporate IST</li> <li>2. Deploy and mentor trained Health Information Technicians and technologists at all levels to utilize and manage the HRIS system</li> </ol>	<b>Opportunities:</b> <ol style="list-style-type: none"> <li>1. Existence of health information technician training</li> <li>2. Support from donors and development partners for HRIS</li> <li>3. Existence of training information</li> </ol>	FMOH	<ol style="list-style-type: none"> <li>1. Deploy information technology trained personnel</li> <li>2. Develop and revise HRIS manual</li> <li>3. Update the HRIS software</li> <li>4. Generate aggregated HRIS reports</li> <li>5. Strengthen curriculum for health information</li> </ol>

Strategic objectives	Statement of rationale	Strategies and inputs	Opportunities and barriers	Stakeholders	Stakeholder roles
		3. Establish Web host 4. Joint review of IST tracking to discuss strengths and weaknesses and improve the HRIS  <b>Inputs:</b> 1. Finance for software development, computers, internet facility and training of HRIS personnel 2. Technical expertise – health information technicians and technologists at all levels 3. Revised HRIS manuals	monitoring systems (e.g. – TIMS, TrainSMART)  <b>Barriers:</b> 1. Poor documentation and timely reporting practice 2. Lack of skilled personnel for HRIS at different levels 3. Low attention for HRIS by higher officials at FMOH and RHBs 4. Poor and unreliable internet service	FMOE  EthioTelecom  Training institutions  IST program providers  Development partners  RHBs and Woreda Health Offices	technicians training to include HRIS 6. Develop career development pathway for HIT 7. Coordinate joint review amongst stakeholders  1. Strengthening curriculum for health information technicians training to include HRIS  1. Host server 2. Expand and improve internet connectivity  1. Train personnel to manage HRIS  1. Timely submission of IST information to HRIS  1. Technical support – build capacity of local institutions to provide training on HRIS 2. Financial support for software and manual revision, computers and procurement of computers  1. Train and deploy HIT personnel 2. Generate woreda and regional aggregated reports from HRIS 3. Coordinate regional joint review 4. Establish infrastructure for web-based HRIS 5. Send aggregated regional reports to FMOH

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5. HR Directorate and HR Support Process at all levels coordinate HRH activities including IST (1 year).	There is no IST coordination mechanism at national and regional levels.	<b>Strategies:</b> 1. Establish HRH coordination forum and develop forum TOR  <b>Input:</b> 1. Technical expertise of HRH stakeholders	<b>Opportunities</b> 1. Availability and support and interest from donors and development partners 2. Existence of TWGs for IST and CPD  <b>Barriers:</b> 1. Inadequate implementation capacity of FMOH and RHBs for coordination 2. Staff turnover in FMOH and RHBs 3. Sense of competition amongst IST program providers 4. Competing priorities of members of TWGs and coordination body	FMOH, RHBs	1. Establish, chair and manage HRH coordination forum 2. Maintain documentation of forum meetings 3. Follow up on forum decisions 4. Share FMOH plans to forum members
				Donors and development partners, local institutions, professional associations	1. Participation in the forum 2. Support implementation of forum plans 3. Share plans with forum members
All local IST providers (higher education institutes, professional associations etc.) will collaborate with development partners, FMOH &	Inadequate partnerships between IST providers, professional associations and local institutions.	<b>Strategies:</b> 1. Develop a collaboration framework among FMOH, donors and development partners 2. Develop MOUs among local IST providers, FMOH, RHBs and development partners 3. Map IST providers, local IST institutions and professional associations 4. Strengthen the capacity of local institutions to provide IST	<b>Opportunities:</b> 1. Donors interested in country ownership of IST programs 2. Commitment of the FMOH and RHBs to country led IST programs 3. Some existing collaboration between development partners and local IST providers	FMOH, RHBs	1. Facilitate collaboration 2. Monitor collaboration at review meetings 3. Map IST program providers, local institutions and professional associations
				Development partners	1. Capacity building of local institutions and professional associations through training and mentoring, strengthening infrastructure, financial support 2. Joint planning and review

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RHBs) (2 years)		<p>5. Joint planning and review</p> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. Financial input</li> <li>2. Expertise</li> <li>3. Materials to provide IST</li> </ol>	<p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>1. Lack of capacity of local institutions and professional associations (technical, human, financial management)</li> </ol>	Local institutions, organizations and professional associations	<ol style="list-style-type: none"> <li>1. Develop their own capacity through staffing, improving financial management systems and M&amp;E systems</li> <li>2. Joint planning and review</li> <li>3. Meet reporting requirements of partners</li> </ol>
7. Create and implement annual IST plans that are harmonized with national and regional priorities at FMOH, regions, woredas and health facility levels (2 years)	Currently there is no mechanism for IST to be driven by needs expressed at the facility, woreda and regional levels. When needs are articulated at facility level (demand-based), it will be more relevant to their specific needs, it will take into account the local context in terms of disease prevalence,	<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Pilot and scale up an annual IST planning exercise at all levels that takes into consideration national and regional priorities and includes need assessment (one year)</li> <li>2. Map and coordinate resources with stakeholders at all levels to implement the annual IST plans</li> </ol> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. Materials: assessment tools, reports, resource maps, competency framework required for the needs assessment and planning process</li> <li>2. Financial resource for needs assessment, planning and coordination</li> <li>3. Skill in IST planning, HRM planning needs assessment design and implementation, leadership and management for coordination</li> <li>4. HRIS data on staff profiles, turn over, training</li> </ol>	<p><b>Opportunities</b></p> <ol style="list-style-type: none"> <li>1. Leverage regular review meetings</li> <li>2. Existence of a woreda annual planning activity that can be enhanced</li> <li>3. Existing leadership and management curriculum in planning and rapid needs assessment tools</li> <li>4. Existence of expertise in regional health colleges</li> <li>5. Existence of tools for mapping resources</li> <li>6. Decentralized structure</li> </ol> <p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>1. Financing the annual planning exercise and needs assessment</li> <li>2. Coordination of needs assessment and planning exercises</li> <li>3. Lack of access to</li> </ol>	FMOH	<ol style="list-style-type: none"> <li>1. Standardizing, coordinating, resourcing, structures and processes for planning</li> <li>2. Identify national priorities for IST</li> </ol>
				RHBs	<ol style="list-style-type: none"> <li>1. Cascade guidance for planning</li> <li>2. Aggregating plans at regional level</li> <li>3. Map and coordinate resources to support implementation of plans</li> <li>4. Prioritizing health needs at regional level</li> </ol>
				Zonal health office	<ol style="list-style-type: none"> <li>1. Support RHBs to implement</li> </ol>
				Woreda health offices	<ol style="list-style-type: none"> <li>1. Bring facilities together</li> <li>2. Facilitate needs assessment, planning, and aggregate information at woreda level and report to zonal office</li> </ol>
				Health facilities	<ol style="list-style-type: none"> <li>1. Assessing and articulating their competency development needs</li> <li>2. Implement changes post-training</li> <li>3. Provide feedback to IST</li> </ol>

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	human resources, and availability of resources (such as lab equipment) and the training will more readily be integrated into the local system with support of local leadership.		<p>sufficient/reliable data required for needs assessment such as who has taken what training (from HRIS system)</p> <p>4. Low and incomplete response to mapping exercise</p> <p>5. Lack of capacity to conduct the needs assessment at woreda and facility level</p>		<p>programs to ensure they are context relevant</p>
				Development partners and donors	<ol style="list-style-type: none"> <li>1. Participate in planning process</li> <li>2. Respond to articulated needs in plan</li> </ol>
				Professional associations, training institutions, FMHACA	<ol style="list-style-type: none"> <li>1. Provide input to develop needs assessment</li> </ol>
8. Utilize a continuum of competencies that spans across PST and IST programs to create functional collaboration among key stakeholders (5 years)	Currently there is little formal coordination between PST and IST. The relative competency would better be addressed if the full list of required competencies could be placed on a continuum between PST and IST. In addition,	<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Designate a coordinating body from HRD Directorate of FMOH and concerned office at the FMOE and other key stakeholders at national and regional levels (responsible for coordinating PST and IST, developing a continuum across PST and IST utilizing the national competency framework, and facilitating regular joint reviews)</li> </ol> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. National competency framework</li> <li>2. TOR: to define roles and responsibilities etc... of the coordinating body</li> <li>3. HR Skill: Leadership and management, (building consensus</li> </ol>	<p><b>Opportunities:</b></p> <ol style="list-style-type: none"> <li>1. FMOH commitment</li> <li>2. thirteen new medical colleges that have a competency based curriculum and may be more likely to collaborate with IST</li> </ol> <p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>1. Will there be sufficient commitment of all relevant stakeholders?</li> <li>2. Resistance to change</li> <li>3. Resource constraints</li> <li>4. Inadequate expertise</li> </ol>	FMOH, FMOE, and training institutions at all levels	<ol style="list-style-type: none"> <li>1. Coordination and ownership of the process</li> <li>2. Building structures</li> <li>3. Inspiring commitment</li> <li>4. Facilitating feedback and continuous improvement</li> </ol>
				Development partners	<ol style="list-style-type: none"> <li>1. Technical and financial support</li> </ol>
				Professional associations	<ol style="list-style-type: none"> <li>1. Evaluate, validate and update the competency frameworks</li> </ol>

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	a continual improvement process which incorporates a continual feedback loop between PST and IST would be mutually beneficial.	from stakeholders, HR management, communication, planning, M&E, implementation) and curriculum/pedagogy skill 4. Financial resource to coordinate across PST and IST, joint reviews			
9. Standardize IST curricula and update training materials (2 years)	Currently many trainings do not have standardized curricula and training materials that may compromise the quality of IST	<b>Strategies:</b> 1. FMOH establish TWG (universities, partners, professional associations) which is responsible for standardizing training materials  <b>Inputs:</b> 1. Multidisciplinary team (team of experts including – curriculum designers) 2. Budget for supplies, equipment, training material development, consultative meetings and workshops, computer and stationary for IST coordinator	<b>Opportunities:</b> 1. TWG is available 2. Partners have goodwill 3. FMOH is committed 4. Training materials are available in different areas  <b>Barriers:</b> 1. Multiple commitments of TWG members 2. Resistance to change	FMOH	FMOH leads the process and set standards of curricula and training materials
				RHBs	1. Participate in the development of the standards 2. Roll out and implement the IST program as per the standard in the respective regions
				Development partners and Donors	1. Assist financially and technically
				Training institutions, Professional associations	1. Participate in the development of standards 2. Provide IST as per the standard
10. Ensure trainers fulfill minimum competencies	The quality of IST is compromise	<b>Strategies:</b> 1. Define competency frameworks 2. Set and apply certification	<b>Opportunities:</b> 1. Expertise is available 2. Existing structure of	FMOH, RHB	1. Leads the process and sets standards

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(2 years)	due to inappropriate selection of trainers and limited support to trainers to develop necessary competencies	<p>standard for trainers</p> <ol style="list-style-type: none"> <li>Develop process to train and assess trainers</li> <li>Set and institute trainers data base</li> </ol> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>Multidisciplinary team (team of experts including – curriculum designers)</li> <li>Budget for supplies, equipment, training material development, consultative meetings and workshops, computer and stationary for IST coordinator</li> </ol>	<p>health system</p> <ol style="list-style-type: none"> <li>Partners have good will</li> </ol> <p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>Lack of capacity at regional level</li> <li>Failure to adhere to established standards</li> <li>Shortage of finance</li> <li>Weak monitoring system by FMOH</li> </ol>	<p>Development partners and Donors</p> <p>Professional associations, Training institutions</p>	<ol style="list-style-type: none"> <li>Provide funds</li> <li>Assign experts</li> <li>Facilitate cross learning</li> </ol> <p>1. Assign experts</p>
11. Institute IST audits to ensure compliance to standards and guidelines (2 years)	Existing quality assurance methods are not comprehensive enough	<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>Design training audit protocol and establish audit team</li> </ol> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>Technical expertise on M&amp;E and auditing</li> <li>Financial resources for auditing process</li> </ol>	<p><b>Opportunities:</b></p> <ol style="list-style-type: none"> <li>Expertise is available</li> </ol> <p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>Resistance to new concept</li> </ol>	FMOH	<ol style="list-style-type: none"> <li>Issue policies and directives</li> <li>Lead and coordinate the audit process</li> </ol>
				RHBs	Lead and coordinate the audit process in the respective region
				Development partners and Donors	<ol style="list-style-type: none"> <li>Assist financially and technically</li> </ol>
				Training institutions, Professional associations, Universities	<ol style="list-style-type: none"> <li>Cooperate in quality assurance audits</li> <li>Act upon recommendations to improve IST quality</li> </ol>
12. Accredite all institutions providing IST/CPD (3 years)	There is no mechanism to accredit IST providing institutions.	<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>Establish policy and legal framework for accreditation by 2013 (1 year)</li> <li>Establish professional council to</li> </ol>	<p><b>Opportunities:</b></p> <ol style="list-style-type: none"> <li>Commitment from major stakeholders like FMOH, RHBs, partners etc</li> </ol>	FMOH, FMOE, HERQA, FMHACA, Professional associations,	Serve as a member of the professional council

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	Establishing system of accreditation would facilitate the assurance of the provision of quality and needs-based IST and enable IST program providers to have a clear understanding of expected requirements and standards for IST provision.	<p>accredit IST program providers by 2014 (2 years)</p> <ol style="list-style-type: none"> <li>3. Build the capacity of the professional council by 2014/2015 (2 years)</li> <li>4. Develop accreditation standards by 2014 (2 years)</li> <li>5. Put in place M&amp;E system to ensure the implementation of accreditation by 2014 (2 years)</li> </ol> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. Accreditation guide or standards</li> <li>2. TOR for accreditation body</li> <li>3. Desk review and bench marking of best practices</li> <li>4. Staff time</li> <li>5. Technical assistance</li> <li>6. Funding</li> <li>7. Training to build capacity of accreditation body</li> <li>8. Materials (tools, checklist, promotional materials on accreditation)</li> </ol>	<ol style="list-style-type: none"> <li>2. Donor support for accredited IST</li> <li>3. Ample international experience for benchmarking and lessons learnt</li> <li>4. Government structure is decentralized which is conducive for roll out of accreditations systems</li> </ol> <p><b>Barriers:</b></p> <ol style="list-style-type: none"> <li>1. Resistance for the establishment of professional councils for accreditation</li> <li>2. Lack of local experience and expertise in accreditation</li> <li>3. Financial and material constraints</li> <li>4. Lack of clear policy and frameworks</li> </ol>	RHBs	
13. Establish system for linking credited IST/CPD with re-licensing of health care providers (3years)	IST/CPD has never been used for re-licensing purposes in Ethiopia	<p><b>Strategies:</b></p> <ol style="list-style-type: none"> <li>1. Build capacity of licensing body by 2014 (2 years)</li> <li>2. Define roles and responsibilities of a licensing body by 2014 (2 years)</li> <li>3. Define standards for the allocation of CPD credits and the threshold level of credits required for re-licensing by</li> </ol>	<p><b>Opportunities</b></p> <ol style="list-style-type: none"> <li>1. Policy and legal frameworks exists</li> <li>2. Commitment from major stakeholders</li> <li>3. Donors support</li> <li>4. Decentralized government structure for effective roll out</li> </ol>	FMOH, FMHACA, professional associations, RHBs	Serve as member of licensure body

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		2015(3 years) 4. M&E of implementation of strategies for re-licensing by 2015 (3 years)  <b>Inputs:</b> 1. Legal framework 2. Desk review and bench marking of best practices 3. Staff time 4. Technical assistance 5. Funding 6. Training to build capacity of licensing body 7. Materials (tools, checklist, promotional materials on licensing)	<b>Barriers:</b> 1. Resistance for the establishment of an autonomous licensure body 2. Potential resistance from health care providers 3. Financial and material constraints		
14. Incorporate credited IST/CPD and performance evaluations into the set of	There is no system to use credited IST/CPD for the purpose of staff	<b>Strategies:</b> 1. Revise policy and strategies for staff promotion and development by 2014 (2 years) to include IST 2. Revise staff promotion and	<b>Opportunities</b> 1. Support from health care providers 2. International experience for	Ministry of Civil Service	1. Approve policy and framework

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<p>considerations for staff promotion and development shall incorporate credited IST/CPD and performance evaluation (3 years)</p>	<p>promotion and development</p>	<p>development guideline by 2014 (2 years)</p> <p>3. Revise the system for performance appraisals to incorporate credited IST/CPD by 2015 (3 years)</p> <p>4. Establish system to link credit based IST/CPD with formal higher education by 2015 (3 years)</p> <p><b>Inputs:</b></p> <ol style="list-style-type: none"> <li>1. Legal framework</li> <li>2. Staff time</li> <li>3. Technical assistance</li> <li>4. Funding</li> <li>5. Training to build capacity of licensing body</li> <li>6. Materials (tools, checklist, promotional materials on licensing)</li> </ol>	<p>benchmarking</p> <p><b>Barriers</b></p> <ol style="list-style-type: none"> <li>1. Lack of appropriate policy and legal frameworks</li> <li>2. Lack of local experience</li> <li>3. Lack of similar system for supporting staffs</li> </ol>	<p>FMOH, FMHACA and RHBs, Civil Service</p>	<ol style="list-style-type: none"> <li>1. Adapt existing staff promotion and development guidelines</li> <li>2. Adapt existing policies and framework</li> </ol>
				<p>Health care facilities</p>	<ol style="list-style-type: none"> <li>1. Implement revised staff promotion and development manuals</li> </ol>

**USAID HEALTH CARE IMPROVEMENT PROJECT**

University Research Co., LLC  
7200 Wisconsin Avenue, Suite 600  
Bethesda, MD 20814

Tel: (301) 654-8338

Fax: (301) 941-8427

[www.hciproject.org](http://www.hciproject.org)