ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

THE PRACTICE AND CHALLENGES OF COOPERATIVE TRAINING IN SOME SELECTED PRIVATE HEALTH SCIENCE TVET COLLEGES IN ADDIS ABABA CITY ADMINISTRATION

BY

HAILESELASSIE AMARE KELKAY

JUNE 2014
ADDISABABA ETHIOPI

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

THE PRACTICE AND CHALLENGES OF COOPERATIVE TRAINING IN SOME SELECTED PRIVATE HEALTH SCIENCE TVET COLLEGES IN ADDIS ABABA CITY ADMINISTRATION

ATHESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES OF ADDIS ABABA UNIVERSITY IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF MASTER OF ARTS IN PROFESSSIONAL MANAGEMENT OF VOCATIONAL EDUCATION

BY

HAILESELASSIE AMARE KELKAY

ADVISOR: - DR SOLOMON AREAYA

JUNE 2014
ADDIS ABABA, ETHIOPIA

ADDIS ABABA UNIVERSITY

SCHOOL OF GRADUATE STUDIES

THE PRACTICE AND CHALLENGES OF COOPERATIVE TRAINING IN SOME SELECTED HEALTH SCIENCE TVET COLLEGES IN ADDIS ABABA CITY ADMINISTRATION

BY

HAILESELASSIE AMARE KELKAY

APPROVAL OF BOARD OF EXAMINERS

Chairman, Department, Graduate committee	**Signature**	**Date**
Advisor	**Signature**	**Date**
Internal Examiner	**Signature**	**Date**
External Examiner	**Signature**	**Date**

Acknowledgments

I am very grateful to my Advisor Solomon Areaya (PhD) I gratefully acknowledge his unreserved technical assistance, comments and constructive suggestions throughout the course of my thesis.

I would like to thank members of the four sample health science TVET colleges as well as five hospitals and five health centres. Furthermore Addis Ababa TVET Agency officials for providing me full information about TVET policy and their assistance in data collection. Next I would like to thank Addis Ababa City Administration HIV/AIDS Prevention and Control Office.

Again I would like to increase my respect and thanks to W/ro Asrat Abebe for her valuable comments and supports.

My deepest appreciation also goes to my wife W/ro Mebrihet Arafayne for her unreserved moral and support and encouragement throughout stay in the University.

Table of content

Content Page

Acknowledgements..... I

Table of content..... II

List of tables- V

List of figure VI

Acronyms..... VII

Abstract VII

CHAPTER ONE

1.1 .BACGROUND AND JUSTIFICATION 1

1.2. Statement of the Problem 4

1.3. Objectives of the Study 7

1.3.1. General Objective 7

1.3.2. Specific Objective.....7

1.4. Significances of the Study 8

1.5 Delimitation of the study.....8

1.6. Limitation of the study 8

1.7. Operational definitions of terms.....9

1.8. Organization of the study 9

CHAPTER TWO

2. Review of Related Literature 10

2.1. INTRODUCTION 10

2.2. Conceptual Framework of Co-operative Training.....10

2.3. Changing words of and models TVET delivery 11

2.4. Cooperating training agreements standards guideline 12

2.4.1. The training contract document between health sector and training college 13

2.5. Monitoring cooperating training progress.....13

2.6. TVET objectives on cooperative training 14

2.7. Who involved in cooperative training.....14

2.8 Benefits to partners involved in cooperative training program.....14

2.8.1. Benefits to enterprise 14

2.8.2. Benefits to TVET institution 16

2.8.3. Benefits to trainees 16

2.9 Cooperative training program in some selected 17

2.9.1 The Germany cooperative program.....17

2.9.2. French cooperative training program 18

2.9.3. Cooperative training program in Ethiopia on TVET context 19

CHAPTER THREE

3. Research design and methodology ..... .22

3.1. Design of the study ..... .22

3.2. Sours of data ..... .22

3.3. Sample population and sampling techniques..... .22

3.4. Data gathering tools..... .24

3.5. Procedure of data collection ..... .24

3.6. Method of data analysis and presentation..... .25

CHAPTER FOUR

4. Data presentation, analysis and interpretation 26

4.1. Characteristics of the respondent 26

4.2. Contribution of cooperative training to improve the quality of health 29

4.3. Awareness of stakeholders of health sector about cooperative training 35

4.4. Availability and utilization of memorandum of agreement during cooperative training 40

4.5. Monitoring and evaluation of trainee's during cooperative training 43

4.6. Factures affecting the implementation 45

CHAPTER FIVE

5. Summary, conclusion and recommendations 58

5.1. Summary of the findings..... 58

5.2. Conclusions..... 60

5.3. Recommendations 61

6. Reference 62

7. Annex

List of Tables

Table **Page**

1. Table: 3.1 Population and sampled subjects of health science colleges----------33

2. **Table: 4. 1**: Back ground information of Respondents----------37

3. **Table: 4.2:** Trainees' responses about contribution of cooperative training to improve the quality of health.----------40

4, Table 4.3: Health science college's trainers' response about contribution of cooperative training to improve the quality of health----------42

5. Table.4.4: Health facility trainers' response about contribution of cooperative training to improve the quality of health----------44

6. Table4 .5 Trainees' response about awareness of stakeholders about cooperative training---46

7. Table 4.6 Health science college trainers' response about awareness of stakeholder's cooperative training----------48

8. Table 4.7: Health facility trainers' response concerning awareness of stakeholders about *cooperative training*----------*49*

9: Table 4.8: Health science colleges' trainers' response about availability of memorandum of agreement for the effectiveness of cooperative training----------51

10: Table 4.9 Health facility trainers' response about availability of memorandum of agreement for the effectiveness of cooperative training----------52

11: Table 4.10 Health science college trainers' response concerning monitoring and evaluation of cooperative training ----------54

12: Table 4.11: Trainees' response concerning criteria for assigning and time schedule of cooperative training. ----------56

13: Table 4.12 Trainees response about health science colleges' follow-up mechanism of cooperative training ----------59

14: Table 4.13 Trainee`s response about evaluation and the outcome of cooperative --------61

15. Table. 4. 14 Health facility trainers' response on determination of number of trainees and duration of cooperative training----------63

16: Table 4.15 health facility trainers' response about whether the theoretical parts have been covered or not covered as they came for cooperative training----65

List of figure

Fig4. 1: Trainees response on extent of relation of cooperative training with the theory taught in the institution ----------58

Acronyms

AU	African Union
ECBP	Engineering Capacity Building Program
EOS	Ethiopian Occupational Standard
ESDP	Education Sector Development Program
GTZ	German Technical Cooperation
MoA	Memorandum of Agreement
MoE	Ministry of Education
NGO	Non- Governmental Organization
TVET	Technical and Vocational Education and Training
UNESCO	United Nations Education, Scientific and Cultural Organization
UNEVOC	International Project on Technical and Vocational Education of the United Nations Educational, Scientific and Cultural Organization

Abstract

The purpose of this study was to assess the practice and challenges of cooperative training in some selected private health science TVET colleges in Addis Ababa City Administration. A descriptive quantitative and qualitative research design was adopted for this study. Data was obtained through questionnaire, interview and observation. Purposive sampling method was applied to select health science TVET college deans or vice deans. ***Sample*** *trainee and trainers were selected first using stratified sampling to be able to include trainees and trainers participants from the departments available. Then proportionate sampling was employed to roughly ensure the representation. Among the distributed questioners, 218 (94.9%) trainees, 20(83.3%) trainers and 40(87%) health sector trainers (mentors) of the questionnaires were completed, returned, and used for the study. For the deans/vice deans and coordinators interview was used to collect the data. The major findings of the study indicated that, the health sectors awareness about the purpose of cooperative training system in Addis Ababa City Government with respect to: weak attention was given for cooperative training follow-up and monitoring; the availability and utilization of training contract, and memorandum of agreement in cooperative training providing health sectors was not satisfactory; training plan based on Occupational Standard is neglected. Finally, the study recommended that there should be a strong close supervision by the Health Bureau and TVET agency for the health TVET colleges and the health sectors to focus on cooperative training which can be improved through awareness creation of the benefits they could derive from the process.*

CHAPTER ONE

1.1. BACKGROUND AND JUSTIFICATION

A cooperative training program can be defined as, a program aimed at achieving the highest degree of harmony between what the trainees study and what is required and used in the actual work sites through the cooperation of the educational institution with the business to train students to practice tasks during periods of specialized study in the work environment according to the actual specific controls (MoE, 2007).

One of the most important features of Technical Vocational Education and Training (TVET) is its orientation towards the world of work and the emphasis of the curriculum on the acquisition of employable skills. TVET delivery systems are, therefore, well placed to train skilled and entrepreneurial workforce that Ethiopia needs to create wealth and emerge out of poverty (Afeti, 2006:).

Since education is considered the key to effective development strategies, TVET must be the master key that can alleviate poverty, promote peace, conserve the environment, improve the quality of life for all and help achieve sustainable development, (AU, 2007).

Technical and Vocational Education and Training (TVET) system plays significant role in achieving Ethiopia's targets to overcome poverty. Under the overarching goal of poverty eradication, Ethiopia's economic development strategy aims at fostering fast economic growth, fair and equitable distribution of incomes, the development of a competent and open economy, and long-term reduction of the country's dependence on official development assistance (MoE, 2010)

Therefore trainees need to be well trained and equipped with the necessary knowledge and skills to the market demand.

Ethiopia has embarked upon a process of reforming its TVET-System. Within the policies and strategies of Ethiopian Government, technology transfer – by using international standards and international best practices as the basis, and, adopting, adapting and verifying them in the Ethiopian context – is a pivotal element. TVET is given an important role with regard to technology transfer. The new paradigm in the outcome-based TVET system is the orientation at the current and anticipated future demand of the economy and the labor market (EOS, 2007).

Ethiopian Government has initiated a new push towards creating a framework conducive to economic and social development. Comprehensive capacity building and human capital formation are key pillars in all these effort. The National TVET Strategy is an important element of the overall policy framework towards development and poverty reduction, (MoE, 2008).

Technical and Vocational Education and Training (TVET) refers to a range of learning experiences which are relevant to the world of work and which may occur in a variety of learning contexts, including educational institutions and the workplace. It includes learning designed to develop the skills for practicing particular occupations, as well as learning designed to prepare for entry or reentry into the world of work in general, (UNIVOC,2006).

The overall purpose of the National TVET Strategy is to create a competent, motivated, adaptable and innovative workforce in Ethiopia contributing to poverty reduction and social and economic development through facilitating demand-driven, high quality technical and vocational education and training, relevant to all sectors of the economy, at all levels and to all people, (MoE, 2008).

It is obvious that TVET programs are expensive by nature and their sustainability requires effective management and administration. Funding is also a structural problem in the TVET sector. TVET programs usually require tremendous amount of budget as compared to general education. This high cost of TVET is mainly due to smaller class size and the need for expensive equipment facilities and teaching materials. Costs of TVET will remain high, if it is to be provided as centre based training, which is still the predominant mode of TVET delivery in Ethiopia. As with most other countries, TVET programs in Ethiopia are usually more expensive than general education, requiring lower than average teacher/student ratio and substantial capital and recurrent expenses incurred through practical training.(Ziderman, 2001).

Cooperative training is not new for countries like Germany, Australia, Philippines, and India, but new attempt in Ethiopia (MoE, 2010). This document explained that it is almost five years since cooperative training has been conceived as a major training modality in our TVET system. This experience shows that, being aware of the benefits there from, more and more stakeholders are likely to participate in this partnership in the future.

Cooperative training system in Ethiopia is derived from the "dual training system" of Germany and refers to mode of training delivery of technical and vocational education and training that combines training in enterprise and institution based on a training plan collaboratively designed and implemented by industries and respective TVET institutions. Under this system, the industries/companies and the TVET institutions share the responsibility of providing the trainee with the best possible job qualifications, the former essentially through practical training and the latter by securing an adequate level of specific, general and occupation-related basic competency (MoE,*2010*).

Experience shows that cooperative training leads to significantly better training outcomes, practical skills and work attitudes of the occupational requirements (MoE, 2007). Cooperative Training is work-based learning experience which includes a set of defined competencies, to be completed at a work site, that are based upon the occupational program of study. Trainees and participating businesses develop written training and evaluation plans that guide instruction and students receive course credit for both their classroom and work experiences. Training hours and intensity of placements often vary with the occupational area. One of the advantages of cooperative TVET delivery is its vicinity to the world of work. Trainees are systematically exposed to the world of work and learn the occupational practice in a real life situation. Experience shows that this leads to significantly better training outcomes, practical skills, work attitudes and theoretical comprehension of the occupational requirements (MoE, 2007).

Cooperative training is a method of instruction where workforce development education instruction is combined with directly related to classroom instruction. The two experiences must be planned and supervised by both the institute and the employer so that each contributes to the education and employability of the trainees.

The flexibility of TVET delivery also allows strengthening and further development and deepening of cooperative mode of TVET provided in partnership between enterprises and TVET institutions. Usually, the bulk of practical training takes place in an enterprise, while theory and initial practical exposure is provided by the TVET institution. In more advanced TVET systems for instance in many European countries – cooperative TVET schemes are organized as formal

training, implying a work or apprenticeship contract between the trainee and the company (MoE, 2008).

It is argued that the co-operative training is taught most effectively in a discursive format. The practice of analytic discourse helps build the transferable skills of debate and persuasion that are needed for professional development in any multidisciplinary context. Similarly, drawing on students experiences can promote reflective learning skills. Given the range of variables affecting the work site, the diversity of clients' problems and backgrounds and the mix of disciplines involved imaginative flexibility is essential to the application of social scientific knowledge. This has meant centering out teaching on experiences familiar to the students via a combination of role play, simulation and discussion, and using communication skill, reflective learning and problem solving (Bassett, 1992).

Health care work is best with dilemma" Care" by definition needs to be something that is judged as such by the "cared for" not the care giver. So care cannot be, therefore, depend upon any single set of axioms (American sociological assocaiation1997: 45-56).If this is the case, the health TVET colleges must have to work with the health providers or sectors in order to obtain an experienced and skilled training for the trainees.

Despite all the efforts currently exerted by health science TVET colleges and health service providers or health sectors to implement cooperative TVET schemes currently, expectations are not yet achieved or not fully utilized its advantages for the TVET system. Therefore, the intent of this study was therefore to examine the practice and challenges of cooperative training in some selected private health science TVET colleges in Addis Ababa city administration.

1.2 Statement of the Problem

Cooperation between enterprises, TVET institutions/colleges and other TVET bodies on training issues is crucial for the success of cooperative training and should take place in all phases of training place in the planning phase, enterprises voice their expectations on training outcomes directly through their representatives in federations, associations and chambers: What skills, knowledge and abilities should trainees possess at the end of their training? During the design of occupational standards and the development of model curricula, employers contribute by

formulating outcomes. Educators have to translate these needs into model curricula, recommending training and assessment methods conducive to reaching the defined outcomes.

After the golden age of arts and technology of the Axumite Kingdom, when skills must have been highly regarded, technology seemed to have ceased evolution in Ethiopia for along span of time. In spite of the extensive history and ancient civilization of the country formal TVET is a recent phenomenon. Therefore, TVET was not considered a crucial element and a substructure of the nation's economic, social, and cultural development (Tekelehaimanot, 2002).

Lack of access to employment-relevant training in modern and informal sector of the economy prevents most of the existing potential in the production and service sectors. To solve this problem it is necessary to make Technical and Vocational and Educational Training system demand-led and employment focus (GTZ, 2005). Accordingly, TVET is especially important in allowing "a seamless transition from the school to the work place" but to ensure that TVET should "facilitate seamless pathways" for learning in the school and higher education as well (Teklehaimanot, 2005; Brooks, 2009).

Therefore, vocational education designed to develop skills, abilities, understandings, attitudes, work habits and appreciation encompassing knowledge and information needed by workers to enter and make a progress in employment on a useful and productive basis. It is an integral part of the total educational program and contributes towards the development of good citizens by developing their physical, social, civil, cultural and economic competencies, (Girma , 1994).

Upgrading vocational education and training in this regard requires cooperative training between institutions. Cooperative training exposes trainees to the real life occupational practices. It is also intended to integrate classroom theoretical knowledge with the real world of work, and trainees such as students of health science colleges are expected to acquire hands on experience through cooperative training. The approach is advantageous in terms of reducing the average training time spent and in terms of making the program relevant to target employers. Employers expect these TVET colleges to produce graduates who possess adequate skill to achieve high productivity levels, and to meet the skill requirements of the world of work. Hence, it is vital for the colleges to ensure that the health sector gets what it expects, (UNEVOC, 1996).

Ultimately the quality of cooperative training is assured by a national occupational assessment. It is believed that majority of trainees undergone Cooperative Training shall be competent during the occupational assessment because they experienced the real competencies required in the occupational standard (MoE, 2010). The problem is one where trainees were not seriously attending their cooperative training, on the one hand, while those colleges which send trainees on practical training were not seriously following them up. The researcher has observed that cooperative training practices are not properly handled. Indeed, it was common to see folks of trainees often being stranded in the campus without getting into their regularly scheduled cooperative training. Lots of precious practical training time was being wasted idly. This concerned the researcher and many other professional fellows who wondered why the youth were not getting the proper training at properly scheduled time, by the right trainers. This concern simulated the researcher to conduct this research. This has long-term effects that are apparent to keen observers.

TVET graduates are under conditions of lacking the required skills and productivity; more likely tend to be excluded from the world of work. This ultimately has created a vicious circle among the resource supply, graduate competence as well as employability and productivity of graduates. The TVET lacks effectiveness and relevance to the reality of the workplace. Even in those occupational fields that show high demand for skilled workforce, graduates remain unemployed (Educan, 2012). The researcher observed as these problems also exist even in sensitive vocations, such as in heath science training. For instance, the researcher workplace is provider of cooperative training as well as occupational assessment center; but trainee's who were sent for cooperative training left in the compound without follow up and supervision. Even though there are improved records of assessment results, still the researcher observed problem in relation to health science college trainee's national assessment result indicates not yet competent for significant number of candidates.

As the researcher observed the health sector; the attachment period has been introduced to formal TVET. But its implementation has faced a number of problems, mainly because of lack of awareness of some health organization staffs. Another problem observed by the researcher was the shortage of material supply for training of competency requirement. With respect to efficiency increases in TVET delivery, cooperative training deserves special attention. Through

this study, the researcher assessed the practice and challenges of cooperative training in some selected private health science TVET colleges. To this end the researcher tried to answer the following Basic questions:

1. Are there any contributions of cooperative training in the selected private health science colleges of Addis Ababa city administration for improvement of the health sector?
2. To what extent Stakeholders of the health sector aware of the purpose of cooperative training?
3. How TVETs do established follow-up system of their trainees during cooperative training?
4. Are the selected private health science TVET colleges implement cooperative training as per their memorandum of agreement with the health sectors?
5. What factors are influencing the implementation of cooperative training in the selected private health science TVET colleges of Addis Ababa city administration?

1.3. Objectives of the Study

1.3.1. General Objective

The general objective of the study was to investigate the practice and challenges of cooperative training in some selected private health science TVET colleges in Addis Ababa City Administration .

1.3.2. Specific Objectives

1. To investigate the contributions of cooperative trainings in the selected private health science colleges of Addis Ababa city administration for improving the quality of health services.
2. To examine stakeholders of the health sector are aware of the purpose of cooperative training.
3. To identify the extent to which health science TVET colleges have established follow-up system of their trainees during cooperative training.

4. To describe the extent to which private health TVET colleges implement cooperative training as per their memorandum of agreement with the health sectors.
5. To assess factors like lack of cooperation and mutual understanding between the colleges and health sectors influencing the implementation of cooperative training in the selected private health science TVET colleges of Addis Ababa city administration

1.4. Significance of the Study

The study is expected to benefit policy makers, health science TVET colleges, and other researchers. In this regard,

- Policy makers can gain insight into existing challenges of cooperative training programs and assist them to identify appropriate policy measures.
- Health science TVET colleges can identify challenges in implementing cooperative training.
- It may also serve as a springboard for further in - depth studies by other researchers.

1.5. Delimitation of the Study

The study was delimited to four selected private health science TVET colleges, in Addis Ababa City Administration. These include Africa Medical College ,Addis Ababa Medical College, Central University College/ Yeka campus/ ,and Kia-med University College/Bole campus/.And the title was concentrated to" the practice and challenges of cooperative training in some selected Health science TVET colleges in Addis Ababa City Administration".

1.6. Limitation of the study

When the researcher conducts this study, there were difficulties in establishing sampling population because of not willingness of colleges to provide trainees and trainers data. In order to overcome the problem, the researcher tried to collect data from Addis Ababa TVET agency. Hence, the data lack pertinence to the direct source. Moreover, while it is plausible to treat respondents' experiences about practicality, realness, moral issues, novelty, etc, there appears to be technical fallacy in sole reliance on ratings like agree, disagree , etc. This is recognized in literature to be weaknesses behind the use of ratings of this or another type.

1.7 Operational Definition of Important Terms

A Memorandum of Agreement (MOA): the partner establishment which spells out the terms and conditions of the training partnership. A memorandum of Understanding is a major reference document showing every roles and responsibilities of partners in cooperative training.
A training plan-- is a plan designed by the TVET institution in partnership with the cooperating partner establishment.

A TVET guidance & counselors /Vocational Counselor-- a school-based staff member, who monitors, assists and coordinates enterprise training and ensures that the institution based competencies are learned in accordance with the training plan.
Cooperative Training-- Mode of TVET provided in partnership between health facilities and TVET health science colleges.

Guidance and Counseling- it refers to a range of teacher-student relationships at aiding the personal development of students, dealing with their problems, and helping them to make appropriate career choice

Industry Trainer-- any qualified enterprise staff member participating in cooperative training may act as a trainer for trainees.
Labor- Market - the process through which the relation between supply and demand for labor of occupations.
TVET – This is education and training to acquire the practical skills, know-how and understanding necessary for employment in a particular occupation, trade or group of occupations or trades.

1.8. Organization of the Study

The study was organized in to five chapters. The first chapter focuses on introduction. And the second chapter reviewed related literature, the third chapter discussed research design and methodology and the fourth chapter presented, analyzed and interpreted the data . Finally the fifth chapter winds up with conclusion, summary and recommendation.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

2.1. INTRODUCTION

Cooperative education is a structured method of combining classroom-based education with practical work experience. A cooperative education experience, commonly known as a "co-op", provides academic credit for structured job experience. Cooperative education is taking on new importance in helping young people to make the school-to-work transition, service learning, and experiential learning initiatives. Co-operative Education is also the use of active participation methods in which students learn how to work together to solve problems, this is normally founded on the principles of children's rights, equality, equity and participation in decision-making. Its methods include game playing, expressing opinions, democratic participation, sharing, ensuring students all have an equal opportunity to take part, and conflict resolution (A. Robert , 1972).

2.2. Conceptual Framework of Co-operative Training

Co-operative TVET is a mode of TVET provided in partnership between enterprises and TVET institutions. Usually, the bulk of practical training takes place in an enterprise, while theory and initial practical exposure is provided by the TVET institution, (MoE, 2008).

Co-operative training encompasses all forms of training conducted jointly by TVET institutions and enterprises. The training takes place alternatively in a school environment and in the real-life environment of the workplace. Most of the training occurs in the enterprise where practical skills and applications of theory take place. The trainee goes to TVET institutions for only a limited period of time, to acquire theoretical knowledge and basic skills in the specific training area, (MoE, 2007).

Trainees are systematically exposed to the world of work and learn the occupational practice in a real life situation. Trainees experience shows that this leads to significantly better training outcomes, practical skills, work attitudes and theoretical comprehension of the occupational requirements. Furthermore, enterprises get to know the trainees, which often lead to employment

after graduation. Through cooperative TVET schemes, companies can also contribute to further development of TVET system. Finally, apprenticeships and other forms of cooperative training tend to be more cost effective than school-based TVET, as TVET institutions need not invest in sophisticated machinery and training periods in the institutions will be shorter. (MoE, 2008),

According to ECBP (2007), the concept of co-operative training involves the process of any kind of training provided in partnership with enterprises and Technical and Vocational Education and Training (TVET) institutions. Further, ECBP stated cooperative training is a systematic training provided at a specific workplace in the work process/work shop at an enterprises and a TVET institution. It is a training approach directed toward the attainment of a skilled and versatile work force adaptable to a changing technology to meet industry's current and future manpower needs and toward providing workers with the industrial skills necessary for gainful employment.

In this regard, the health science TVET colleges should have to work in collaboration with the health sectors. To this end the health sectors should have to be adapted to exchanging technology to meet the health's current and future manpower needs who are effective and efficient that provide trainees with the necessary skills and abilities during cooperative training.

2.3. Changing World of Work and Modes of TVET Delivery

Health need and requirement for this changing real world is unquestionable and inevitable. Furthermore, health is a continuously needed basic requirement in every aspect of spectrum. Therefore trainees need to be well trained and equipped with the necessary knowledge and skills to the market demand. To fill the labor market demand, the TVET institutions which trained on health should be tactic fully and wisely operate on the training to gain professional skilled trainees.

To respond to rapidly changing world of work, many countries has been to readjust some of the vocational programs to contain a larger element of general education and more generic forms of vocational preparation, where the latter prepares participants for a cluster of occupations in a given sector rather than for a single one (UNESCO, 2007).

The global economy demands much more from people than it has in the past. Competition is no longer just local, driving up the demands on employees, focusing employers on creating

employees that are more fully engaged in the work. An effective TVET system needs to take into account not only principals and standards, but also the socio-economic conditions, informal sector needs and TVET capacity and labour market demands. Further, TVET needs to address the needs of both the rural and urban; different beliefs, religions, and customs as well as different regions of the country. While increasing access to the TVET system, there is also the need for standardized training. Though seemingly daunting, if a TVET system is adopted at a national or regional level, the cost and time needed to train instructors and trainers will be greatly reduced. (Amirmudin, 2012).

2.4. Cooperative Training Agreement, Standards /Guidelines

When the trainees were trained the TVET institutions they only required to work on theory fully and partially on the training .However, when they went out for field work to train only the practicum part, they should have to enter an agreement just lie a contract between the TVET institutions and the health sectors called a memorandum of agreement. This memorandum of agreement is a binding consent between the two parties that no any one of the two infringed the obligation. And it helped the TVET institutions to prepare their trainees with well and equipped training that students who were graduated from such institutions are unquestionably absorbed in any health centers including the health centers where they were trained

According to MoE (2007) the cooperating partners (enterprise/TVET institution) in the cooperative training should establish a Memorandum of Agreement to identify the occupations in which they want to cooperate which includes the nature and objective of the cooperative training program; occupational area and activity for which cooperative training is to be provided; the commencement and the duration of cooperative training; right and obligations of the parties; duration in hours , status of trainees; conditions for memorandum of agreement termination; and performance monitoring and evaluation system. A Memorandum of Agreement (MoA) or its equivalent, entered into by the TVET-institution and the partner establishment, which spells out the terms and conditions of the training partnership.

2.4.1. The Training Contract document between Health Sector and Training College

The training contract document is by the very nature different from memorandum of agreement .The former deals with the starting and end date of the training in the health sectors, whereas the latter deals with an agreement of the training or commitment between the two parties .Therefore, the training contract document clearly put what has been conducted and what should have to be done in between the starting and end dates of the training in the health sectors.

The training contract document should at least specify name of cooperating parties; the training plan, timetable and purpose of the cooperative training, and in particular the form of occupational activity for which cooperative training is to be provided; the commencement and the duration of cooperative training; any cooperative training measures taking place outside the training premises; the length of the normal daily hours of cooperative training; the length of probationary period; the payment of an allowance if any; and the conditions under which the cooperative training contract may be terminated,(MoE,2007).

2.5. Monitoring Cooperative Training Progress

Monitoring students and enterprise records would be necessary to determine training progress. There should be a balance between periodic formal performance reviews by the vocational counselor and informal daily observations and feed back by the enterprise trainer. The informal daily observation and feedback builds up trainee confidence and allows for corrective action whenever problems occur (MoE, 2007).

It also stated that the regular formal performance review involves the trainee and the TVET trainer for the purpose of identifying strengths and weaknesses of the trainee; identifying strengths and weaknesses of the training program; determining training requirements; and recording training progress in the trainee record book and assessment sheet.

The TVET trainer's evaluation of the trainee shall monitor the following skills/abilities: communication skills; ability to solve problems; team work; co-operation; technical skills; flexibility; ability to take decisions; responsible behavior; precision; information processing; and independent learning. As training progresses and competence increases, trainees may be allowed

to work independently, but they should never be left completely on their own. They should always work under the general direction of a qualified trainer.

2.6. TVET Objectives on Cooperative Training

According to ECBP, (2007) the objectives of cooperative training is: to educate and train effectively and cost-efficiently a workforce which possesses the competencies needed on the labor-market; to encourage enterprises-large as well as small and micro-enterprises in the formal as well as the informal economy-to participate in the training process voluntarily and regularly in their own interest, to gain a qualified workforce at their own expense; to motivate participating enterprises to assign experienced trainers to plan and supervise training in order to maintain and increase their competitiveness and performance in an ever changing market; to improve young people's access to cooperative training and to nationally recognized certificates and hence to create opportunities for further education and training, particularly for disadvantaged groups; and to orient trainees regarding the importance of work attitudes and ethics, e.g. the effectiveness and the style of work and how to deal with colleagues and clients.

2.7. Who Involves in Cooperative Training?

Any enterprise which can provide a working place to trainees and can also assign training Coordinator /supervisor who, has successfully passed the relevant occupational assessment, can be a cooperative training partner. The occupational activities of the enterprises must be in line with the occupational training, regardless of how large or small the company is. Therefore health science TVET Colleges and health sectors are expected to perform the training as per their partnership.

2.8. Benefits to Partners Involved in Cooperative Training Program

2.8.1. Benefits to Enterprises

If enterprises play an active part in the future planning (development of occupational standards) and delivery of training, they can make sure that trainees acquire the necessary practical skills and that the training content is according to their demand. Hence the existing skill gap can be reduced, (MoE, 2007).

As further stated in this document enterprises can benefit from cooperative training considering a whole series of different aspects. Cooperative training creates a climate of learning within the enterprise which is helpful to meet the challenges of constant change in markets and technologies. Further training as a permanent management task to keep the workforce competitive is easier to be organized when experienced instructors are always at hand; enterprises can make sure that trainees acquire the necessary practical skills and that the training content is consistent with their needs; enterprises participating in training help to ensure the long-term availability of qualified staff in their own fields of employment and-in a long-term view-on the labor market; enterprises' costs in cooperative training are mainly caused by personnel cost. However, the company saves hiring costs (advertising, screening, interviews etc.), induction costs for externally hired workers, and the costs that arise when the enterprise hired the wrong person. In addition to that, benefits have to be calculated because the trainee contributes to the production or service process in the enterprise; trainers and trainees bring in new ideas and take up practice in new technologies much easier than older workers and thus contribute to technology and work process innovation at the workplace. Interaction between enterprises and public or private/NGO TVET institutions/colleges provides opportunities for mutual knowledge exchange and technology transfer. Enterprise trainers will have the opportunity to upgrade their skills before they start supervising trainees. This also encourages innovation and contributes to human resources development at the enterprise; enterprise-based training is a good way of recruiting qualified staff. Since trainees already have working experience in the enterprise, they have exactly the skills required for the job, and have shown to be compatible with enterprise culture in addition, the risk of high fluctuation due to mismatches between employer expectations and employee's competence is minimized. In this regard, (MoE, 2002) stated that the employment of qualified staff is the essential point of cooperation for all partners. By supporting apprenticeship training in general cooperative training the enterprises will get better opportunities to employ staff with the required competencies.

ECBP (2009), also stated that enterprises get competent workforce shaped according to their demand. They can have a good opportunity in selecting and recruiting the best employee and can get the expertise of the best trainee in a reasonable price. Furthermore it revealed that they can get new technologies transferred through the trainers and trainees from education and training institutions. In this regard, as stated in the Manual that one of industry training coordinator said,

"cooperative training is reducing re-training of employee and hiring cost. Also the trainee's contribution is high for company's productivity and they are sharing the regular work task of the company".

2.8.2. Benefits to TVET Institutions/Colleges

According to MoE (2008), apprenticeships and other forms of cooperative training tend to be more cost-effective than school-based TVET, as TVET institutions need not invest in sophisticated machinery and training periods in the institutions would be shorter. MoE(2007) also explained that TVET institutions benefit from enterprises' participation in suing cooperative training in the following ways trainees are more motivated to study, and they learn more easily, since they are aware of what they are learning for and how they will apply theoretical concepts in their practical work. Through the interaction with enterprises, vocational trainers also remain up-to-date on working technologies, processes and methods used in enterprises. Similarly, they are challenged to share their knowledge and experience with enterprises and in-company trainers in particular, supporting them in conducting training and supervising trainees.

Cooperative training contributes to the improvement of training quality during the training process and regarding training outcomes; since trainees spend less time in the training institution, more trainees can be accommodated without additional materials (physical, financial or personnel resources); and investment for expensive laboratories and equipment of training institutions can be reduced if most practical training takes place in the enterprises rather than at the training institutions.

(ECBP, 2009) also stated that as the practical training shall take place at the enterprises venue, training providers save resources to be spent in purchasing training materials/inputs. In addition the training staff would get exposure to real world of work environment

2.8.3 Benefits to Trainees

Regarding this, MoE (2003) explained that through cooperative training, trainees would develop their skills, knowledge and attitude, as well as assess their capabilities and weaknesses. Besides, they develop a better sense of responsibility and strengthened the performance to carry out real career in a flexible and independent manner. They will also have a better awareness about safety

rules and thereby can handle machines, instrument and tools carefully. Consequently, the trainees who are equipped with the necessary skills, knowledge and attitudes would be better accepted by the society and be able to generate their own income and cope with future labor market demand.

MoE (2007), also stated that company/enterprise work-based training provides the following advantages for trainees knowledge of career choices and pathways that can be followed by individuals throughout the span of working life; experience in a range of industrial activities enabling trainees to explore their interests and abilities and make good choices; insight into the nature and purpose of the industrial workplace; knowledge and understanding of the structure of a chosen industry, and of the various aspects of technical vocational education and training; development of good practical skills commonly required in the main occupations of their study.

Further it indicated that, in the outcome-based TVET system competence is defined as "sum of interrelated out-comes: possession and application of knowledge, skills, and a set of overarching abilities (e.g. personal, social, communicative) to combine these elements at any given time." Cooperative training benefits the trainees by ensuring them the provision of demand-oriented and practical, hands-on training, and-as the overall target-employability, (ECBP, 2007).

An area of cooperation which is critical for the development of technically skilled manpower is the area of industrial attachment. In the past a number of companies and other private organizations have made it possible for trainees in the polytechnics and other technical training institutions to acquire vital experience during industrial attachment. This kind of exposure enables trainees to understand and appreciate the complete demands of the world of work in a realistic job setting, (UNESCO, 1996).

2.9 Cooperative Training Program in some Selected Countries

2.9.1 The German Cooperative Training Program

ECBP (2007) stated that the cooperative training system ('dual system") has a longstanding tradition in Germany, but its current form is rather new. The vocational Training Act of 1996 for the first time in the country's history made enterprise-based training part of the formal TVET

system, described the main stakeholders (employers, trade unions and federal government). Cooperative training is the main form of TVET in Germany, taking in some 55% of all school leavers, which means more than 500,000 trainees in 2005, and –with an average training duration of two and a half years- a total of 1.3 million trainees. An overall enterprise participation in training of about 50% of all enterprises that are able to deliver a systematic training has been stated during the last decades, which means that 300,000 to 500,000 companies take part in cooperative training.

The German cooperative training system differs from pure school-based education in two respects (1) the larger part of the training takes place in production facilities of service enterprises in industry and commerce. Enterprise-based training of three to four days per week is complemented by one to two days per week school-based training for 2 to 31/2 years time, depending on the occupation. This leads to a training certificate (the occupational qualification), which is issued by the chamber and is recognized and accepted nation-wide. (2) The responsibility for training lies both with the federal state and with private enterprises. Chambers as a public authority have a vocational training committee, in which equal numbers of representatives of employers, trade unions and TVET school teachers are responsible for making sure that the implementation of training in enterprises corresponds to the respective regulations, and that the cooperation between schools and enterprises keeps working(ECBP,2007)

2.9.2 French Cooperative Training Program

UNESCO (1998) explained that the French TVET takes place either in secondary vocational schools full-time or through apprenticeships, with both these training paths leading to the same certificates. Since the 1980s, TVET has greatly improved its reputation, and is now generally considered as a viable career alternative to general education, which used to be held in more esteem by the society.

Further, it stated that enterprises in France are increasingly claiming greater responsibility for the training process in both major streams of TVET (vocational schools and apprenticeship). Trainees at secondary vocational schools undergo practical training through internships at enterprises. Apprenticeship training in France takes place in the form of alternative training, i.e. training provided both in an enterprise and in an apprentice training centre. The training plan for

apprenticeship training is agreed upon between the enterprise and the training centre. The enterprise has to designate an apprentice master who supervises the apprenticeship training. The apprentice master is a skilled employee who assigns the trainee his tasks and ensures that training proceeds according to the training plan. During apprenticeship, trainees sign a contract with their employer.

2.9.3. Cooperative Training Program in Ethiopian TVET Context

In Ethiopia, according to ECBP (2007), so far the term "apprenticeship" or "apprenticeship training" was used for the part of the training spent in an enterprise. In the international contest, however, apprenticeship training implies that the trainee is trained systematically in an enterprise, with supplementary training courses at a TVET institution/college. An apprenticeship is carried out under a training contract with the enterprise, and trainees are considered to be learning employees rather than learners primarily.

Further, it explained that if the main part of the vocational training takes place at a school or a TVET institution/college and the trainee attends training in an enterprise only for limited phases at a time, those phases are called "internships" or " practical training phase" in the international context. The trainee's legal status remains student; and the contract is signed between the TVET institution and the enterprises. In Ethiopia the terminology that was called "apprenticeship" was proposed to use the term "enterprise-based training" for the phase of training taking place in an enterprise, and to refer to student/apprentices/interns as "trainees".

The researcher dig out that during implementation of cooperative training, enterprises communicate with public or private/NGO TVET providers, other enterprises and other TVET bodies regarding different modes of training in the enterprise and the TVET institution, problems experienced during training and other issues.

Further, it stated in the same document that enterprise cannot be forced to participate in cooperative training, or to provide enterprise-based training opportunities of sufficient quality. In order to motivate more enterprises to offer more and better training opportunities for trainees, the discussion with employers must be intensified, particularly about mid-term human resource development in times of globalization and about the benefits of cooperative training for

enterprise. Only if enterprises are convinced that cooperative training will ensure consistent availability of well-trained people, they will invest in this form of training.

The present situation requires the use of up to date and adequate equipment. In a fast changing technological world, it is important to bring in new equipment and make trainees familiar with and use them.

Generally speaking cooperative training is the most suitable instrument for a private-public-partnership of employers and government in their effort to make Ethiopian's economy competitive in a globalized market, to reach out for a significant increase of TVET enrolment figures, and to have graduates who master the challenge of modern workplace.

The aim of cooperative training model is to combine flexibly the best training opportunities of both school-based and enterprise-based training. Although many different approaches exist to achieving this goal, all are based on the realization that certain aspects of technical training are best taught in an environment dedicated exclusively to teaching, i.e. the TVET institution/college, while other aspects are best learned in the real-life environment of the workplace, i.e. in enterprises. Thus, each training location teaches those aspects of the occupation for which it is best suited, i.e. in which it has the most experience and qualification .There exist a number of different approaches to cooperative training. They differ in their legal framework, models of cooperation between enterprises and institutions, the organizational setup and the concepts of training delivery and training staff.

Therefore, the Ethiopian cooperative training approach tailored to meet the objectives of the TVET reform .Hence; it is a challenge to fulfill these requirements and giving adequate training by TVET intuitions alone. Thus, the cooperation of TVET institutions with enterprises is necessary for the successful implementation of such training-outcome-based- training.

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. Design of the Study

In this study, a descriptive survey research method was employed. This research method was chosen because, it enables to study the current situation that exist, opinions that are held and processes that are going on widely. It has the potential to provide a lot of information obtained from a large sample of individual. It is also said to be adaptable to obtain personal opinions and attitudes using questionnaires. Thus, for the afore mentioned reasons, descriptive survey method was selected and employed in order to have deep understanding of the phenomenon under the study on the assumption that could help to gather, analyze and interpret the issue (s), which are conducted under discussion.

3.2. Sources of the Data

In this study both primary and secondary data were used. To gain adequate insight into the problem, relevant documents such as TVET strategic official policies, memorandum of agreements, TVET statistics and other secondary data sources were reviewed. In addition, for the purpose of describing existing cooperative training program practices and challenges there in, primary data was collected from respondents such as health science college deans, trainers, trainees and health sector trainers.

3.3. Sample Population and Sampling Techniques

There are 99 TVET Colleges and institutions in Addis Ababa city administration. Of these, 71 are private and 28 are public, and out of the 99 TVET colleges 19 are health Science Colleges. From these 19 health science colleges, 18 are private (according to Addis Ababa TVET agency report, December, 2013). As the study focuses on the private health science TVET colleges, only four health science TVET colleges that count for more than 22% were selected using clustered technique; due to time constraints, financial limitations and manageability purposes. The selected colleges were Africa Medical College, Central University College, Kia-med

Medical College, and Addis Ababa Medical College. The following table depicts the population and the subjects of the health science colleges sampled to participate in the study.

Table 3.1 population and sampled subjects of health science colleges

s.no	Name of health science college	Dean /vice dean		Health science college trainer		Trainee	
		Total no.	Sampled No(%)	Total no .	Sampled No(%)	Total no.	Sampled No(%)
1	Africa Medical College	1	1(100)	16	7(43.8)	207	65(31.4)
2	Addis Ababa Medical College	1	1(100)	18	8(44.4)	402	95(23.6)
3	Central University College	1	1(100)	12	4(33.3)	94	35(37.2)
4	Kiamed Health Science College	1	1(100)	14	5(35.7)	89	35(39.3)
Grand total		4	4	60	24	792	230

Purposive sampling method was applied to select health science college deans or vice deans. Both of the trainee and trainers were selected first using clustering to be able to include trainees and trainers participants from the departments available. Then proportionate sampling was employed to roughly ensure the representation of participants. Finally, the ones included in the sample were chosen using simple random sampling method. Altogether, as indicated in the above table, 24 (40%) of trainers and 230 (29%) trainees (level III and IV) were selected from the health science colleges. Level III and IV trainees were chosen with the assumption that they can provide reliable information based on comparatively high exposure to cooperative training. The deans/vice deans were selected based on their position and access to information and availability. In this study ten co-operative training centers, five hospitals and five health centers under Addis Ababa Health bureau were selected using purposive sampling technique. The five hospitals are Menelike II Referral Hospital, Yekatit 12 Hospital, Medical College, Ghandi Memorial Hospital ,

Zewditu Memorial Hospital and Ras Desta Damtew Hospital. As well as, the five health centers were kebena, Shiro Meda, Bole 17, Arada and Kasanchs. Forty six health facility trainers who participated in cooperative training were selected from these health facilities stratified and simple random sampling. Out of the distributed 300 questioners 290 were collected. 218(94.9%) trainees, 20(83.3%) trainers and 40(87%) health facility trainers (mentors) of the questionnaires were completed, returned, and used for the study. For the deans/vice deans and coordinators interview were used to collect the data. In general, 278 questioners and 4interviewee were used for this study

3.4. Data Gathering Tools

To gather data from the above respondents, the researcher used questionnaires, interview and observation. The questionnaire was used to collect data from trainees and trainers. In addition, to gain deeper insight about co-operative training practices, interview was conducted with the college deans/vice deans . To enrich the data obtained through questionnaire and interview, the researcher used non participant/participant observation of the co-operative training provider health sector environments. Therefore questionnaire was used as the main instrument of data collection and Interview was utilized to substantiate the data gained through the questionnaire. Some observations were conducted, at the health sectors while trainees were on their practical cooperative training that was used to gather live information from the actual work place within a month.

3.5. Procedures of Data Collection

Before using the questionnaires in the study, the pilot testing was carried out by distributing them to three responsible health professional persons of Menelik II health Science College who were selected to give feedback on the clarity, conciseness, relevance and the procedures used. Based on the results obtained, some questions modified by incorporating the inputs obtained from the respondents. The researcher made clear the objective of the study to all respondents to avoid unnecessary confusions and enhance the reliability of the study before getting the questionnaires filled. To get high rate of return in the desired time, the questionnaires were distributed with some extra questionnaires.

3.6. Method of Data Analysis and Presentation

Data was collected using the questioner, interview and observation . And then data entry and analysis was done using Statistical Package of the Social Sciences (SPSS version 20). Simple descriptive statistics in the form of frequency counts and percentage distributions were utilized for analyzing quantitative data. In addition, the data obtained from open ended questions and interviews were analyzed by thematically; a summary of the overall responses made to similar issues as well. Furthermore, rating scales such as (agree, disagree, strongly agree, etc) were used in order to measure the frequency of responses.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

This chapter deals with the presentation, analysis, and interpretation of the data. After providing the background information of the sample population, this chapter proceeds to presentation of respondents' responses to the questionnaire and interviews. It also includes the personal reflections of the researcher

4.1. Characteristics of the Respondents

On the basis of the responses obtained, the data regarding personality characteristics of the respondents including sex, age, and level of education, area of specialization of trainers and also trainees' area of studies were summarized in the following tables.

Table 4.1: Back ground information of Respondents

s. no	Item	Respondents					
		Health science college trainers		Health facility trainers		Trainees	
1	Sex	No.	%	No.	%	No.	%
	Male	16	80	16	40	51	23.4
	Female	4	20	24	60	167	76.6
	Total	20	100	40	100	218	100
2	Age						
	<20	---	---			89	40.8
	21-25	4	20	13	32.5	87	39.9
	26-30	9	45	14	35	27	12.4
	31-35	3	15	4	10	10	4.6
	36-40	3	15	5	12.5	5	0.3
	>41	1	5	4	10		
	Total	20	100	40	100	218	100
3	Educational level	---	---				
	Level 3	---	----			61	28
	Level 4	---	---			157	72
	Total					218	100
4	Field of study						
	Clinical nurse	8	40	11	27.5	143	65.6
	Mid wife	2	10	7	17.5	14	6.4
	Medical laboratory	4	20	8	20	18	8.3
	Pharmacy	4	20	4	10	38	17.4
	Radiography	2	10	4	10	5	2.3
	Others			6	15		
	Total	20	100	40	100	218	100
5	Qualification						
	PHD	---	----	-----	-----		
	MSC/MA	10	50	2	5		
	BSC/BA	10	50	25	62.5		
	Diploma	-----	-----	10	25		
	Others	-----	---	3	7.5		
	Total	20	100	40	100		

In the first item, among the 218 trainees, 167(76.6%) were females and of the 20 health science college trainers 16(80%) were males and 4(20%) were females. Concerning the health facility trainers, 24(60%) were females and 16(40%) were males. This shows that the number of female trainees in the private health science colleges and the number of female health facility trainers is

higher than the number of males. While the number of female health science college trainers 4(20%) is lower than that of males. It can be concluded that although the number of females in colleges as trainees and in health facilities as employee or trainer is high but their participation in higher education as trainer is still low. This study shows that majority of health science college trainers (65%) and health facility trainers (66.7%) were in the age range of 21-30 years or in the age of hard working and they are able to harvest well energetic trainees who are skill full, knowledgeable and competent in the area they are trained. Many of the trainees were also found within the age brackets of youth. As the opinion of the researcher, youths are ambitious, creative and are usually visionary. This implies that trainees require a careful handling, assistance and guiding during the training period. Many of the trainees are also in the right age range according to the national age–grade level expectation. This is because trainees are expected to complete grade 10 at the age of 16 if they start schooling at the age of 7, which is the Ethiopian official age for starting primary schooling (Girma, 2009).

As indicated in table 4.1 item3, 157(72%) and 61(28%) of the trainees respondents were trained in level IV and III respectively. This indicates that majority of the trainees were level IV and this also contributes to the study because they have more exposure on cooperative training .Furthermore, the trainees included in the sample, in general, are expected to be relatively mature and knowledgeable enough to give better responses to the questions raised as they stayed in the institutes for a relatively longer period of time.

Concerning the field of study (item 4 of table 4.1) shown in the data above, the highest number 143(65.6%) of trainees respondents were from clinical nursing, 38(17.4%) were from pharmacy, 18(8.3%) were from medical laboratory technology, 14(6.4%) were from midwifery nursing and 5(2.3%) were from radiography. among the 20 health science college trainers respondents, 8(40%) were from clinical nursing, 4(20%) were from each pharmacy and medical laboratory and 2(10%) were also from each midwifery nursing and radiography . On the side of health facility trainers, similar to that of the above respondents the highest number 11(27.5%) were from clinical nursing followed by 8 (20%) from medical laboratory,7(17.5%) from midwifery nursing,4(10%) were from each pharmacy and radiography and 6(15%) were from others.

This indicates that the majority were from clinical nursing. One could clearly see that some of the trainees are assigned to fields of training that are not of their interest as was found out by Desta

(2008:71-73)that trainees were not given the chance to choose the field of study. He further vows that assigning TVET trainees to fields of study without their choice may lead to the development of negative attitude among trainees. Where as in this study as it is observed from the data, most of the trainees as well as the trainers were from the clinical nursing. This showed that trainees were assigned in their field of study in their interest that they achieved and succeeded on cooperative training as well as on their job assigned .This is the case why trainers' respondents were from clinical nursing.

Related to the health science college trainer's respondent's qualification 10(50%) were first degree holders and 10(50 %) were second degree (MSC) holders. On the other hand majority of 25 (62.5%) health facility trainers were first degree holders, 25% were diploma holders and 7.5% and 5%were others and second degree holders. This data indicates that the health science college trainers are highly qualified to train the trainees on the levels and most of the health facility trainers had also the right qualification level to train at level III and level IV. In connection to the above stated finding, UNESCO (1997:71-72) emphasizes that the successful implementation of TVET programs very much depends on the availability of well trained and experienced TVET teachers. Wanna (1998:61) states that good vocational training requires instructors who have technical knowledge and pedagogical skills as well as industrial work experience .Such instructors are expensive to train or attract to the teaching profession. Without qualified teachers, training programs could not be effective.

4.2. Contribution of Cooperative Training to Improve the Quality of Health

Cooperative training exposes trainees to the real life occupational practices. It is intended to integrate classroom theoretical knowledge with the real world of work, and trainees such as students of health science colleges are expected to acquire hands on experience through cooperative training (UNEVOC, 1996).

Table 4.2: Trainees' responses about contribution of cooperative training to improve the quality of health

No	Items	Trainees' response					
		SA	***A***	***UD***	***D***	***SD***	***Total***
		N (%)	***N (%)***	***N (%)***	***N (%)***	***N (%)***	***N (%)***
1	Cooperative training helps health trainees to add more practical skills	108(49.5)	61(28)	14(6.3)	18(8)	17(7.8)	218(100)
2	Cooperative training assists trainees to experience real work environment	86(39.4)	74(33.9)	8(3.7)	26(11.9)	24(11)	218(100)
3	The training helps Trainees develop good discipline in their profession	86(39.4)	75(34.4)	14(6.3)	22(10.1)	21(9.6)	218(100)
4	Cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession.	88(40.4)	62(28.4)	14(6.3)	23(10.6)	31(14.2)	218 (100)
5	The training provides the market with well trained and skilled mid-level health professionals	81(37.2)	69(31.7)	19(8.7)	22(10.1)	27(12.4)	218(100)
6	The training assists trainees to develop confidence during their actual performance.	96(44)	68(31.2)	13(6)	26(11.9)	15(6.9)	218(100)
7	The training has over all contribution in socio economic development of the nation	94(43.1)	62(28.4)	22(10.1)	20(9.2)	20(9.2)	218(218)

SA- strongly agree, A-Agree, UD- undecided , D- Disagree SD- strongly agree, N= number of respondents

Table 4.2 was organized with the intention to know how aware the respondents are about the contribution of cooperative training for the improvement of healthcare. In item1 of table 4.2, majority of trainees 169(77.5%) (SA+A) agreed to the idea cooperative training helps health trainees to add more practical skills. On the other hand, 35(16%) (D+SD) of trainees disagreed with the idea and 14(6.3%) undecided. Similarly, in item 2 of table 4.2, most of the trainees 160(73.4%) agreed (SA+A) with the idea cooperative training assists trainees to experience real work environment. But, 40 (18.3%) disagreed (D+SD) and 8 (3.7%) undecided. concerning to item 3 of table 4.2 most of trainees 161 (73.9%) (A+SA) also agreed with the idea the training

helps trainees develop their profession and 41(18.8%) ((D+SD) disagreed and 14 (6.3%) undecided.

In item 4 of table 4.2 the trainees were asked to state their degree of agreement to the idea that cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession. Hence, 150(68.8%) of trainees reported that they agreed (SA+A) with the idea. On the other hand, 54(18.9%) of trainees indicated that they disagreed (D+SD) with the idea. The data in item5 of table 4.2, shows that 68.8 %(SA+A) of trainees accepts the idea that the training provides the market with well trained and skilled mid-level health professionals. On the other hand, 22.5% (SD+D) of trainees indicated that they disagree with the idea. Thus, it is likely to conclude that cooperative training provides the market with well trained and skilled mid-level health professionals. Related to item 6 of table 4.2 164(75.2%) trainees were agreed (SA+A) with the issue that the training assists trainees to develop confidence during their actual performance and 49(22.5%) of trainees were disagreed (D+SD) with this issue and 13(6%) were undecided. Similarly data in item 7 of table 4.2 reveals that 156(71.6%) of the trainees were agreed (SA+A) with the idea that the training has over all contribution in socio economic development of the nation. but, 40(18.3%) were not accepted the idea (D+SD) and also 22(10.1%) were undecided. Connecting activities to integrate school- and work-based learning are an essential part of cooperative training. The required co-operative training helps students make connections by giving them a structure within which to reinforce employability skills, examine larger issues about work and society, and undertake the crucial activities of critical reflection (Grubb & Bad way, 1998).

From this study one can conclude that majority of the trainees agreed with the ideas related to contribution of cooperative training to improve the quality of health.

Table 4.3: Health Science College's trainers' response about contribution of cooperative training to improve the quality of health

No	Items	Trainers' response					
		SA	***A***	***UD***	***D***	***SD***	***Total***
		N (%)	***N (%)***	***N (%)***	***N (%)***	***N (%)***	***N (%)***
1	Cooperative training helps health trainees to add more practical skills	16(80)	4(20)				20(100)
2	Cooperative training assists trainees to experience real work environment	16(80)	4(20)				20(100)
3	The training helps Trainees develop good discipline in their profession	14(70)	5(25)	1(5)			20(100)
4	Cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession.	15(75)	4(20)	1(5)			20(100)
5	The training provides the market with well trained and skilled mid-level health professionals	13(65)	5(25)	2(10)			20(100)
6	The training assists trainees to develop confidence during their actual performance.	14(70)	6(30)				20(100)
7	The training has over all contribution in socio economic development of the nation	11(55)	8(40)		1(5)		20(100)

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

. Similar to that of trainees 20(100%) of the health science college trainers were agreed (SA+A) to the ideas cooperative training helps health trainees to add more practical skills (item 1 of table 4.3) , cooperative training assists trainees to experience real work environment (item 2 of table 4.3) and the training assists trainees to develop confidence during their actual performance (item 6 of table 4.3) .based on this result it can be concluded that cooperative training have a major role to improve the quality of health service by improving the practical skill of the trainees and by assisting the trainees to experience real work environment . Generally the response of trainees and health science college trainers towards the contribution of cooperative training to improve the quality of health is positive. To improve the quality, relevant and efficiency of training being provided as well as to identify new need of the training requires a proper and efficient system of collecting timely data that can help to make training program more flexible and responsible to

the dynamic labor market demand. The major advantage of the training (and more generally cooperative TVET delivery forms) is its vicinity to the world of work. Trainees are systematically exposed to the world of work and learn the occupational practice in a real life situation.

Finally, cooperative training tend to be more cost effective than school based TVET, as TVET institutions need not invest in sophisticated machinery and training periods in the institutions will be Shorter (MoE, 2008:30-31). nineteen (95%) of the health science college trainers were also agreed (SA+A) to the ideas the training helps trainees develop good discipline in their profession(item 3 of table 4.3) , cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession(item4 of table 4.3) and the training has over all contribution in socio economic development of the nation (item 7 of table 4.3). In item 5 of Table 4.3the health science college trainers were asked to state their degree of agreement to the idea that the training provides the market with well trained and skilled mid-level health professionals. Hence, 18(90%) of health science college trainers reported that they agreed (SA+A) with the idea and 2(10%) were undecided.

Table 4.4: Health sector trainers' response about contribution of cooperative training to improve the quality of health

No	Items	Health facility Trainers' response											
		SA		***A***		***UD***		***D***		***SD***		***Total***	
		N	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***
1	Cooperative training helps health trainees to add more practical skills	29	72.5	11	27.5							40	100
2	Cooperative training assists trainees to experience real work environment	25	62.5	15	37.5							40	100
3	The training helps Trainees develop good discipline in their profession	22	55	12	42.5	1	2.5					40	100
4	Cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession.	22	55	18	45							40	100
5	The training provides the market with well trained and skilled mid-level health professionals	13	32.5	24	60	2	5			1	2.5	40	100
6	The training assists trainees to develop confidence during their actual performance.	21	52.5	19	47.5							40	100
7	The training has over all contribution in socio economic development of the nation	15	37.5	21	47.5	3	7.5	1	2.5			40	100

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

Table 4.4 indicates health facility trainer's response about the contribution of cooperative training on the improvement of the quality of health. Similar to that of health science college trainers 100% of the health facility trainers were agreed (SA+A) to the ideas cooperative training helps health trainees to add more practical skills (item 1 of table 4.4) , cooperative training assists trainees to experience real work environment (item 2 of table 4.4) , cooperative

training assists the trainees to acquire knowledge and introduced to new technologies in their profession (item 4 of table 4.4) and the training assists trainees to develop confidence during their actual performance(item 6 of table 4.4) . In addition to this 97.5%, 92.5% and 85% of the health facility trainers were also agreed to items 3, 5 and 7 of table 4.4 respectively. Generally the health facility trainers' response towards the contribution of cooperative training to improve the quality of health service is highly positive.

4.3. Awareness of Stakeholders of Health Sectors about Cooperative Training

Cooperative training, if done as stipulated in the guidelines set by the TVET Agency, would enable trainees to become well- equipped professionals at the end of the training both theoretically and practically. This also allows trainees to be conscious of practical problems at work places and be innovative to solve them. To this effect, both the industry and institutions should be well aware. However, the fact on the ground is different. The industry is not giving the sector the kind of services and support it is expected to (UNESCO, 2011).

Table 4.5 Trainees' response about awareness of stakeholders about cooperative training

No	Items	Trainees' response					
		SA	***A***	***UD***	***D***	***SD***	***Total***
		N (%)	***N (%)***	***N (%)***	***N (%)***	***N (%)***	***N (%)***
1	The willingness of health sector to accept trainees for cooperative training is satisfactory	53(24.3)	79(36.2)	21(9.6)	32(14.7)	33((15.1)	218(100)
2	Mentors' have enough knowledge about the importance of cooperative training for health sector development	54(24.8)	63(28.9)	21(9.6)	32(14.7)	33(15.1)	218(100)
3	Staffs of Health originations are of aware of their responsibility while practicing the cooperative training	70(38.9)	55(25.2)	16(7.3)	44(20.1)	33(15.1)	218(100)
4	Materials/supervisors and supplies provided for the realization of cooperative training are adequate.	49(22.5)	59(27)	14(6.4)	42(19.3)	54(24.8)	218 (100)
5	Demonstration and laboratory facilities are well organized and easily accessed for cooperative training	68(31.2)	42(19.3)	15(6.9)	38(17.4)	55(25.2)	218(100)

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

In item1 of table 4.5, 132(60.6%) of trainees were agreed (SA+A) to the idea that the willingness of health sector to accept trainees for cooperative training is satisfactory. On the other hand, 65(29.8%) of trainees were disagreed (D+SD) with the idea and 21(9.6%) were undecided.

The data in items 2 and 3 of table 4.5 , indicates that 117(53.7%) and 125(57.3%) trainees were agreed (SA+A) to the ideas that mentors' have enough knowledge about the importance of cooperative training for health sector development and staffs of Health organization are aware of their responsibility while practicing the cooperative training respectively. On the other hand, 65(29.8%) and 77(35.3%) trainees were disagreed (D+SD) to the ideas in item 2 and 3 respectively. Based on this data one could recognize that more than half of the trainees were agreed with the concept mentors' have enough knowledge about the importance of cooperative training for health sector development and staffs of Health organizations are aware of their

responsibility while practicing the cooperative training . Coe(1973:77)said that a quality program is administered and supervised by personnel who are educated and experienced in vocational education ,who understand the needs of peoples , business , industry who are able to work effectively with employers ,labor ,other school officials ,and employment and social agencies .Still he goes on to say some of the present problems in vocational education have been created by well meaning people who lack sufficient experience in vocational education to develop and maintain quality programs .There is real danger when such persons also have the power and authority to make far-reaching decisions.

Trainees response in item 4 and 5of table 4.5 shows that 108(49.5%)and 110(50.5%) were agreed (SA+A) to the ideas that materials/supervisors and supplies provided for the realization of cooperative training are adequate and demonstration and laboratory facilities are well organized and easily accessed for cooperative training respectively. However, 96(44%) and 93(42.7%) were not agree with ideas in item 4 and 5 respectively. Even though the number of agreed respondents is greater than that of the number of disagreed respondents, this study indicates that the presence of a gap in materials and supplies utilized for cooperative training and also in organization of demonstration and laboratory rooms .The condition of the facilities ,materials ,equipments, etc .are not conducive or available enough for a proper training process that eventually results in the production of competent and productive work force equipped with up to date knowledge and skills familiar to the new technologies.

This result seems to go in line with the report by Atchoarena and Delluc(2002:49)which states that many African countries consider that the infrastructure and equipment of TVET institutions are for the most part obsolete ,inadequate and unable to adapt to private sector expansions and technological change. No country ,however ,can forgo the effort to train young people in the technical skills needed to master the occupations of modern economies .Imports of new equipments ,which workers must know how to use and maintain necessitate an effort to save training system.

Table 4.6 health science college trainers' response about awareness of stakeholders about cooperative training

No.	Items	Trainers' response					
		SA	***A***	***UD***	***D***	***SD***	***Total***
		N (%)	***N (%)***	***N (%)***	***N (%)***	***N (%)***	***N (%)***
1	The willingness of health sector to accept trainees for cooperative training is satisfactory		8(40)	6(30)	4(20)	2(10)	20(100)
2	Mentors' have enough knowledge about the importance of cooperative training for health sector development	5(25)	8(40)	4(20)	2(10)	1(5)	20(100)
3	Staffs of Health originations are of aware of their responsibility while practicing the cooperative training	4(20)	6(30)	4(20)	4(20)	2(10)	20(100)
4	Materials/supervisors and supplies provided for the realization of cooperative training are adequate.	3(15)	8(40)	2(10)	7(35)		20(100)
5	Demonstration and laboratory facilities are well organized and easily accessed for cooperative training	5(25)	8(40)	2(10)	5(25)		20(100)

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

The items and the listed statements under table 4.6 were presented to the health science college trainers with the intention to know awareness of stakeholders about cooperative training**.** Accordingly, in item1 of table 4.6, 8(40%) of the health science college trainers were agreed (A) to the idea that the willingness of health sectors to accept trainees for cooperative training is satisfactory. On the other hand, 6(30%) were disagreed (D+SD) with the idea and 14(6.3%) were undecided. With regard to the second item, majority of respondents13 (65%) of health science college trainers agreed that mentors' have enough knowledge about the importance of cooperative training for health sector development. On the other hand, 6(30%) respondents disagreed (D+SD) to the idea. Regarding item 3 of table 4.6, 10(50%) health science college trainers were agreed (SA+A) with the idea staffs of Health organizations are aware of their responsibility while practicing the cooperative training. While, 8 (40%) were disagreed (D+SD). Though 50% of the respondents have positive attitude to this idea, this study also indicates that there is a gap regarding the awareness and responsibility of staffs' of health organizations towards cooperative training. Concerning items 4 and 5 of table 4.6, 11(55%) and 10(50%) of health science college trainers agreed respectively. On the other hand, 9(45%) and 7(35%) were

reject the idea respectively. In order to keep current with the state of the art practice, there is a need for collaboration between TVET institutions and enterprises to enable students gain skills and to enable teachers to retool in their own occupations.

Table 4.7: Health facility trainers' response concerning awareness of stakeholders about cooperative training

No	Items	*Health facility Trainers' response*											
		SA		***A***		***UD***		***D***		***SD***		***Total***	
		N	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***	***N***	***%***
1	The willingness of health sector to accept trainees for cooperative training .		*30*	*20*	*50*	*2*	*12*	*6*	*15*			*40*	*100*
2	trainees' have enough knowledge about the importance of cooperative training for health sector development	*8*	*20*	*22*	*55*	*6*	*15*	*4*	*10*			*40*	*100*
3	Staffs of Health originations are aware of their responsibility while practicing the cooperative training	*7*	*17.5*	*21*	*52.5*	*9*	*22.5*	*3*	*7.5*			*40*	*100*
4	Materials/supervisors and supplies provided for the realization of cooperative training are adequate	*7*	*17.5*	*16*	*40*	*10*	*25*	*7*	*17.5*			*40*	*100*
5	Demonstration and laboratory facilities are well organized and easily accessed for cooperative training	*2*	*5*	*15*	*37.5*	*8*	*20*	*14*	*35*	*1*	*2.5*	*40*	*100*

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

Table 4.7was organized intentionally to identify health facility trainer's response concerning awareness of stakeholders about cooperative training**.** Accordingly, in item1 of table 4.7, majority of the respondents (80%) were agreed (A+SA) to the idea that the willingness of health sectors to accept trainees for cooperative training is satisfactory. On the other hand, 15%were disagreed (D) with the idea. With regard to the second item, 75% of the health facility trainers agreed (A+SA) that trainees have enough knowledge about the importance of cooperative

training for health sector development. On the other hand, 15% and 10% of the respondents were undecided and disagreed (D+SD) to the idea respectively.

Data on item 3 of table 4.7, indicates 70% of health facility trainers were agreed (SA+A) with the idea staffs of Health organizations are aware of their responsibility while practicing the cooperative training. While 30% were disagreed (D+SD). Though the number of agreed health facility trainers to this idea is higher than that of college trainers, 30% negative response of the respondents can indicate also the presence of unaware staffs of health organizations and this can affect the implementation of the program.

Health facility trainers response in item 4 and 5of table 4.7 shows that 57.5% and 42.5% were agreed (SA+A) to the ideas that materials/supervisors and supplies provided for the realization of cooperative training are adequate and demonstration and laboratory facilities are well organized and easily accessed for cooperative training respectively. However, 25% and 37.5% were not agreed (D+SD) with ideas in item 4 and 5 respectively. This argues that demonstration and laboratory facilities are not well organized and easily accessed for cooperative training. Additionally, some respondents of the health facility trainers also express in the open ended part of the questioner as follow:

During cooperative training there are problems of shortage of materials, demonstration or laboratory rooms are not balanced with the number of trainees and also, since there is work over load and shortage of time, the health facility trainer cannot assist or supervise the trainees properly.

4.4.Availability and Utilization of Memorandum of Agreement During Cooperative Training

A memorandum of agreement (MOA) is a written document describing a cooperative relationship between two parties wishing to work together on a project or to meet an agreed upon objective. An MOA serves as a legal document and describes the terms and details of the partnership agreement.

Table 4.8 Health science colleges' trainers' response about implementation of memorandum of agreement for the effectiveness of cooperative training

No	Items	Trainers' response					
		SA	*A*	*UD*	*D*	*SD*	*Total*
		N (%)	*N(%)*	*N(%)*	*N(%)*	*N(%)*	*N(%)*
1	Manuals, Guidelines and standards of cooperative training are available	4(20)	8(40)	4(20)	3(15)	1(5)	20(100)
2	Trainees performance record and training plan are available for evaluation purpose in the health organizations	4(20)	11(55)	1(5)	4(20)		20(100)
3	Trainees progress is evaluated as per schedule	3(15)	9(45)	3(15)	5(25)		20(100)
4	The cooperative trainer observes and provides feedback to trainees	6(30)	8(40)	5(25)	1(5)		20(100)
5	The health organization and colleges have common forum to evaluate the effectiveness of the training	6(30)	6(30)	3(15)	4(20)	1(5)	20(100)

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

Health science college trainers response in item 1 and 2of table 4.8 shows that 12(60%)and 15(75%) were agreed (SA+A) to the ideas that manuals, Guidelines and standards of cooperative training are available and trainees performance record and training plan are available for evaluation purpose in the health organizations respectively . However, 7(35%) and 5(25%) were not agree (D+SD) with ideas in item 1 and 2 respectively. 12(60 %) of the health science college trainers were agreed ((SA+A) with the idea trainees progress is evaluated as per schedule (item3) . But 8(40%) of them were no accepted it. Since evaluation of trainees' progress is one of the most critical values for the implementation of cooperative training and the data from this indicates about 40%were not agreed and this can affect the implementation of cooperative training significantly.

Regarding items 4 and 5 of Table 4.8 , 70 % and 60 % of the health science college trainers were agreed (SA+A) with the ideas the cooperative trainer observes and provides feedback to trainees and the health organization and colleges have common forum to evaluate the effectiveness of the training respectively . On the other hand, 30% and 35 % were disagreed with the ideas in item 4 and 5 respectively. Thus must health science college trainer agree that cooperative trainer observes and provides feedback and the presence of common forum to evaluate trainees.

Table 4.9 Health facility trainers' response about availability of memorandum of agreement for the effectiveness of cooperative training

No	Items	Health facility Trainers' response					
		SA	***A***	***UD***	***D***	***SD***	***Total***
		N (%)	***N(%)***	***N(%)***	***N(%)***	***N(%)***	***N(%)***
1	Manuals, Guidelines and standards of cooperative training are available	9(22.5)	12(30)	10(25)	8(20)	1(2.5)	40(100)
2	Trainees performance record and training plan are available for evaluation purpose in the health organizations	6(15)	14(35)	9(22.5)	10(25)	1(2.5)	40(100)
3	Trainees progress is evaluated as per schedule	5(12.5)	15(37.5)	11(27.5)	6(15)	3(7.5)	40(100)
4	The cooperative trainer observes and provides feedback to trainees	7(17.5)	16(40)	11(27.5)	5(12.5)	1(2.5)	40(1000
5	The health organization and colleges have common forum to evaluate the effectiveness of the training	3(7.5)	10(25)	12(30)	9(22.5)	6(15)	40(100)

SA= strongly agree, A= agree, UD= Undecided, D= disagree, SD= strongly disagree

Similar to that of health science college trainers, 52.5% and 50% of the health facility trainers were agreed with item 1 and 2 of table 4.9 respectively. Besides to this 20% and 25% of the respondents were disagreed with the ideas respectively. The number of undecided respondents for these ideas were also25% and 22.5% respectively .From this evidence one can conclude that even the agreed respondents are slightly more than half and half of the respondents, there are also high number of respondents with undecided and disagree. That means there are health facility trainers that do not follow or even that do not know the availability of Manuals, Guidelines and standards of cooperative training and trainee's performance record and training plan for evaluation purpose in the health organizations. This condition can affects both the training program and the evaluation of the trainees.

Concerning the idea that trainees progress is evaluated as per schedule (item 3 of table 4.9), 50%, 27.5 % and 22.5% of the respondents were agreed (A+SA), undecided and disagreed (D+SD) respectively.57.5%, 27.5% and 15% of the health science college trainers were also agreed, undecided and disagreed to the idea that the cooperative trainer observes and provides

feedback to trainees. Responses related to item 3 and 4 also shows that the observation evaluation and providing feedback of trainees is also not that much sufficient.

Regarding item 5 of Table 4.9, 32.5% of health facility trainers were agreed (SA+A) with the idea. While 37.5% and 30 %were disagreed (D+SD) and undecided respectively and this is different from that of health science college trainer's response. This result argues that the number of respondents agreed with the idea that the health organization and colleges have common forum to evaluate the effectiveness of the training is low and this indicates there is no common discussion that evaluate the cooperative training and this influences the quality of health.

Respondents stated during interview as there is memorandum of agreement on cooperative training with the health facilities which indicates the formalities to complete between the colleges and cooperative training provider health facilities. But there is a problem of implementation based on the agreement.

4.5 Monitoring and Evaluation of Trainees During Cooperative Training

To ensure a smooth operation of the system, and to get the required feedback for the development of the system a monitoring and evaluation system will be implemented. Monitoring and evaluation will be done through conducting not only tracer studies for graduates, but also through monitoring the internal efficiency of training programs, focusing on costs, access, repetition and drop-out rates and quality also measuring the value added and cost benefit of TVET interventions. Thus the monitoring and evaluation system shall be designed to measure the internal and external efficiency also impact evaluation shall be conducted. Thus paving the way for system development. The responsibility regarding monitoring and evaluation will be clarified and decided by the Higher Council (Ramallah, 2010)

Table 4.10 Health science college trainers' response concerning monitoring and evaluation of cooperative training

No	Items	Trainers response					
		SA	*A*	*UD*	*D*	*SD*	*Total*
		N (%)	*N(%)*	*N(%)*	*N(%)*	*N(%)*	*N(%)*
1	Addis Ababa health Bureau ensures the quality of cooperative training in accordance with the memorandum of agreement.	2(10)	7(35)	7(35)	3(15)	1(5)	20(100)
2	TVET Agency has a system to check the training process as per the predefined guidelines.	2(10)	8(40)	3(15)	6(30)	1(5)	20(100)
3	TVET trainee coordinators visit the trainee at the health facilities	2(10)	5(25)	6(30)	5(25)	2(10)	20(100)
4	The private Health Science TVET Colleges get feed-back from the cooperative facilitators	2(10)	5(25)	6(30)	5(25)	2(10)	20(100)

SA= strongly agree A= agree, UD= Undecided, D= disagree, SD= strongly disagree

The items and the listed statements under table 4.10 were presented to the health science college trainers with the intention to know monitoring and evaluation of cooperative training. Accordingly, in item1 of table 4.10, 9(45%) of the health science college trainers were agreed (SA+A) to the idea Addis Ababa health Bureau ensures the quality of cooperative training in accordance with the memorandum of agreement and 4(20%) and 7(35%) were disagreed and undecided respectively. Generally health science college trainers' response towards item 1 of table 4.10 is negatively classified. The data indicates about 35% do not decided on idea of item 1 of table 4.10.

Health science college trainers were also asked to rate the degree of agreement on TVET Agency has a system to check the training process as per the predefined guidelines (item 2 of table 4.10) consequently, 10(50%) and 9(45%) were agreed (SA+A) and disagreed (D+SD) respectively. This result shows that the system used by TVET agency to check the training process is not enough as required.

Related to items 3 and 4 of Table 4.10, 7(35%) of health science college trainers were disagreed (D+SD) with the ideas TVET trainee coordinators visit the trainee at the health facilities and the

private Health Science TVET Colleges get feed-back from the cooperative facilitators .on the other hand,7(35%) were agreed with the ideas in item 3 and 4. This study indicates that TVET trainee coordinators do not sufficiently visit trainees at health facilities and health science colleges don't get feedback from the cooperative training facilitator and this affects the implementation of cooperative training because the colleges cannot know the weak side and strong side of the trainees and cooperative training in general.

4.6. Factors Affecting the Implementation of Cooperative Training in the Selected Private Health Science Colleges.

The researcher tries to categorize the factors affecting the implementation of cooperative training in to different categories as described in the following tables.

Table 4.11 Trainees' response concerning criteria for assigning and time schedule of cooperative training

No.	Item	Trainees' response
		No (%)
1	What criteria was used in assigning trainees to the cooperative training centre	
	a. Field of study	75(34.4)
	b. Distance from residence	18(8.3)
	c. Interest of trainees	39(17.9)
	d. On lottery basis	86(39.4)
	Total	218(100)
2	When the usual cooperative training is conducted?	
	a. During week end	23(10.6)
	b. During the semester break	78(35.8)
	c. At any time after the course is completed	61(28)
	d. During summer vacation	56(25.7)
	e. Others	
	Total	218(100)
3	Do you think that the time you indicated above is convenient for you to participate in cooperative training	
	A. Yes	127(58.3)
	B. No	91(41.7)
	Total	218(100)
4	For how long do you attend cooperative training at the health facilities?	
	A. One month	107(49.1)
	B. Two month s	66(30.3)
	C. Two weeks	20(9.2)
	D. More than two months	25(11.5)
	Total	218(100)
5	What is your opinion regarding the duration of training at health sectors	
	A. More than enough	20(9.2)
	B. Enough	73(33.5)
	C. Not enough	125(57.3)

Among the 218 trainees responded to the question what criteria was the college used in assigning trainees to the cooperative training centers (item1 of table 4.11), 86(39.4%) responded based on lottery method, 75(34.4%) answered based on field of study, 18(8.3%) responded based on distance from the residence and 39(17.9) based on interest of trainees. 39.4% which is the largest number of trainees responded to this question is on lottery method and can affect the

implementation of cooperative training because the theoretical part covered in the colleges may not relate with disciplines or services given in the health facility .

With respect to the usual cooperative training period conducted (item2 of table 4.11) , 38.5% of the trainees responded cooperative training is conducted during the semester break, and 28%,25.7% and10.6% trainees were responded the usual cooperative training period as at any time after the course is completed ,during summer vacation and during week end respectively . Even though, large number of trainees (38.5%) were conducted training during semester break it is important to cover the courses related to that level. some of the interviewer's responded also as follow:

Some private health science TVET college trainees comes to conducted cooperative training to the health facilities without covering related modules and also without enough theoretical knowledge. And this causes big challenge to trainee and communicates with them during cooperative training. In addition to this trainees were also asked whether the time of cooperative training conducted is convenient or not to participate in cooperative training (item 3 of table 4 .11). Accordingly 127(58.3%) of the trainees responded yes. But 91(41.7%) were responded no.

In response to the question for how long do you attend cooperative training at the health facilities (item 4 of table 4.11), 107(49.1 %) trainees were responded for one month, 66(30.3%) were responded for two months and 20(9.2%) and 25(11.5%) were responded two weeks and more than two months respectively. In addition to this, regarding the duration of training at the health sectors (item 5of table 4.11) majority of the trainees 125(57.3%) were responded not enough and 73(33.5%) and 20(9.2%) were responded enough and more than enough. This study indicates that the duration of cooperative training is not enough for the trainees to gain the required occupational skill and this affects the implementation of cooperative training.

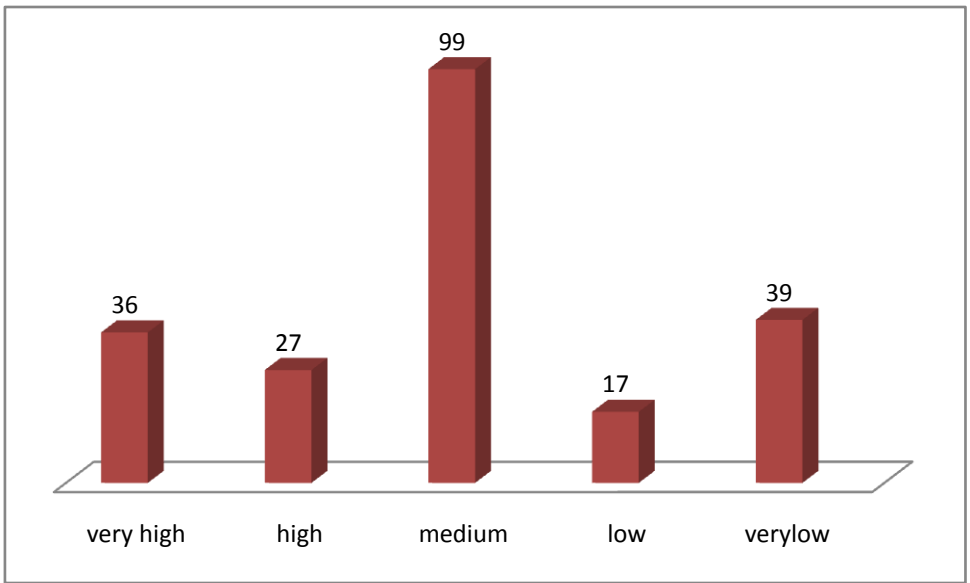

Fig4. 1: Trainees response on extent of relation of cooperative training with the theory taught in the institution

Trainees were also requested to express their opinion regarding to what extent do cooperative training related with the theory taught in the institution .Accordingly 99(44.5%) trainees responded medium, 39(17.9%) responded very low,36(16.5%) responded very high and 27(12.4%) and 17(7.8%)responded high and low respectively(fig 4.1). This study indicates majority of trainees (44.5%) respond the extent of relation theory and cooperative training is medium. Many trainees also replied in the unstructured questioner as :

Cooperative training is applied before covering the related courses in the health science colleges and also there is a large difference between the theory learned in the colleges and the practice which is done in the health facilities during cooperative training.

Table 4.12 Trainees response about health science colleges' follow-up mechanism of cooperative training

No	Item	Trainees response
		No(%)
1.	Does your college assign supervisor who assist trainees at the health organization? A. Yes B. No	 155(71.1) 63(28.9)
	Total	218(100)
2.	If your answer to question No. 1 is "yes" to what extent do they assist trainees at the work place A. Highly B. Sufficiently C. Moderately D. Low E. Very low	 24(15.5) 29(18.7) 58(37.4) 14(9) 30(19.4)
	Total	155(100)
3.	Does the supervisor follow trainees during cooperative training? A. Yes B. No	 108(69.7) 47(30.3)
	Total	155(100)
4.	If your answer to question No .3 is "yes "how frequently? A. Daily B. Once a week C. Once in two weeks D. Once in a month E. Others	 43(39.8) 26(24.1) 28(25.9) 5(4.6) 6(5.6)
	Total	108(100)
5.	If your answer for question No 3 is" No "which of the following be possible reason A. Shortage of man power B. Shortage of finance for Diem C. Negligence of the institution D. Shortage of transport E .Responsibility already handled by cooperative centers F. Others	 6(12.8) 3(6.4) 35(74.5) 3(6.4)
	Total	47(100)

As can be seen from Table 4.12 item 1 above, 155(71.1%) of trainees replied positively as the college assign supervisor who assist trainees at the health organization; whereas the 63(28.9%) of

the trainees replied as the college dose not assign supervisors who assists trainees at the health organizations. On this issue some trainees also mentioned in the unstructured questioner as follow:

The college dose not assign supervisor who assists trainees during cooperative training. Due to this negligence there are a lot of problems that influence the implementation of cooperative training. For example the trainees do not know the place of the health facility that who are assigned for cooperative training .Because of this there is wastage of time and transportation to search the place of cooperative training.

Trainees also asked to respond, to what extent does the assigned supervisor assist trainees at the work place. Consequently, 58(37.4 %) responded moderately, 29(18.7%) sufficiently and 24(15.5%) and14 (9%) were replied highly and low respectively. Among the trainees who responded the college assigns supervisor who assist trainees during cooperative training (155), majority of them(69.7%)replied yes for the question dose the assign supervisor follow trainees during cooperative training(item3 of table 4.12) ,but 47(30.3%) of the trainees respond no. This shows us even the college assigns supervisors there is also a problem in following the trainees during cooperative training. The above data shows also that, 43(39.8%) trainees replied daily , 28(25.9%) once in two weeks, 26(24.1%) once a week, 5(4%) once a month and 6(5.6) others for item 4 of table 4.12. The reason why the assigned supervisors not follow trainees was also responded by the trainee as, majority of the trainees (74.5%) were replied negligence of the institute, 12.8%were responded shortage of manpower and 6.4%were responded shortage of transport and shortage of finance for dime. From this data it can be concluded that majority of the supervisors who are assigned to assist trainees during cooperative training do not follow trainees due to the negligence of the institute and this affects the cooperative training program.

Table 4.13 Trainee`s response about evaluation and the outcome of cooperative training

1	Do supervisors in the health organization evaluate trainees? A. Yes B. No	 123(56.4) 95(43.6)
	Total	218(100)
2	If your answer to question No. 1 is yes based on what they evaluate A. Based on the cooperative training guide Lines B. Based on personal relationship with trainees C. Based on their criteria D. others	 52(42.3) 23(18.7) 35(28.5) 13(10.6)
	Total	123(100)
3	Do you think that trainees gained the required occupational skill through cooperative training A. Yes B. No	 127(58.3) 91(41.7)
	Total	218(100)
4	If your answer to question No.3 is <<No>> which of the following be possible reason a. No proper assistance was given during cooperative training b. Trainees low academic performance c. Trainees do not follow cooperative training regularly d. Others	 36(39.6) 17(18.7) 19(20.9) 19(20.9)
	Total	91(100)

Trainees also asked to respond, whether supervisors in the health organizations evaluate trainees or not. Consequently, majority of trainees 123(56.4%) responded yes but 95(43.5%) replied no. evaluation of trainees by supervisors of health facilities can improve the implementation of cooperative training and quality of health by identifying the gap of the trainees and forward feed back to the colleges . the trainees also responded on how health facility supervisors evaluate trainees, among the 123 trainnees52(42.3%) replied Based on the cooperative training guide Lines, 35(28.5%) were respond based on their criteria and 23(18.7%) and 13(10.6%) trainees were responded based on personal relationship with trainees and others respectively.

The trainees were requested to respond for the question <<Do you think that trainees gained the required occupational skill through cooperative training? >> Which is the outcome of the training program .Accordingly 127(58.3%) trainees responds yes and the rest 91(43.6%) responded no. Even the number of trainees who responded yes is more than half but which is not high as required. Especially these trainees are health science college trainees and by giving emphasis they should have to gain the required skill before they graduate. The reasons affecting trainees not to gain the required occupational skill during cooperative training were stated as 37(39.6%) due to no proper assistance was given during cooperative training , 17(18.7%) responded due to trainees low academic performance, 19(20.9%) responded due to trainees do not follow cooperative training regularly and 19(20.9%) were responded others. To this end, some trainees express in the open ended that:

There is low assistance by the college trainers and generally by the health science colleges. The colleges do not issued on the quality of education, but they consider as a source of business. The health facility trainers do not also treat the students properly. Because of this trainees cannot get the required knowledge during cooperative training.

Table 4.14 Health facility trainers' response on determination of the number of trainees and duration of cooperative training

No.	Item	Health facility trainers response
		No (%)
1	Who determines the number of trainees assigned to the selected health organizations	
	a. Each health sector	3(7.5)
	b. On the basis of the statement of the health law	1(2.5)
	c. By training health science colleges	7(17.5)
	d. Up on the agreement between the institutions and health organizations	20(50)
	e. No formal procedure	9(22.5)
	Total	40(100)
2	How long do the trainees attend cooperative training at the health sectors?	
	A. One month	13(32.5)
	B. Two month s	10(25)
	C. Two weeks	12(30)
	D. More than two months	5(12.5)
	Total	40(100)
3	What is your opinion regarding the length of training at health sectors	
	A. More than enough	1(2.5)
	B. Enough	22(55)
	C. Not enough	17(42.5)
	Total	40(100)

Item 1 of table 4.14 presents health facility trainers response on determination of the number of assigned trainees to the health facilities. Accordingly 20(50%) respondents responded that the number of trainees was determined up on the agreement between the institutions and

organizations and 9(22.5%) asserted absence of formal procedure . On the other hand, 7(17.5%), 3(7.5%) and 1(2.5%) respondents responded respectively that the number of trainees assigned to the health facilities was determined by training health facilities, each health sector and On the basis of the statement of the law.

.Starting from this point it can be generalized that determination of the number of trainees must be based on the fulfillment of the requirements for the training. And similar to that of trainees13(32.5%)10(25%), 12(30%) and 5(12.5%) of the respondents respectively responded for how long do cooperative training trainees attended at the health sectors that for one month, two months, two weeks and more than two months. Not only that, the health facility trainers were also asked to rate the duration of training at health sectors and 23(57.5%) respondents responded that the duration of cooperative training is enough(enough +more than enough) .on the contrary,17(42.5%) responded not enough.

Table 4.15 health facility trainers' response about whether the theoretical parts have been covered or not covered as they came for cooperative training

No.	Item	Health facility trainers response
		No (%)
1	Did your health facility receive from the health science colleges about what have been covered and not covered theoretically during the training time in the college A. Yes B. No	14(35%) 26(65)
	Total	40(100)
2	If your answer to question No. 1 is "yes" what do you think its importance to be? A. It enables the health sector to know what is covered and what is not B .It enables the supervisor from where to start cooperative training C. It enables health sector to know the strong and weak points on the training institutions D .Others	3(21.4) 4(28.6) 6(42.9) 1(7.1)
	Total	14(100)
3	If your answer to question no. 11 is ''No'' how do you train the trainees (how do you assign to different departments) A. by asking the trainees interest. B. by asking the trainees level C. By lottery method D. Others	4(15.4) 7(26.9) 8(30.8) 7(26.9)
	Total	26(100)

Regarding table 4.15(item 1) the respondents were asked whether their health facility receives what trainees have covered and not covered theoretically during the training time in the college .Twenty six (65%) of the respondents said no and 14(35%) of these respondents said yes. Those who responded as yes also put its importance. Six (42.9%), 4(28.6%) and 3(21.4%) of the respondents responded respectively

that it enables health sector to know the strong and weak points on the training institutions, it enables the supervisor from where to start cooperative training and it enables the health sector to know what is covered and what is not covered as theoretical part/units. On the other hand, respondents who responded as no also identifies how they train or assign in to different disciplines. 8(30.8%) responded based on lottery method, 7(26.9%) , 4(15.4 and 7(26.9%)) respondents responded respectively that by asking trainees level , by asking the trainees interest and others. Generally, the cooperative training process which is currently being conducted in the private health science colleges is much below what is required and not accompanied by relating the courses covered in the colleges and practical parts in the cooperative providing health facilities.

Finally the researcher was appeared in the different institutions of health sectors where the students made practical training. And he observed that some of the trainees who came for cooperative training were negligent ,and careless .And they were wondering here and there without giving due attention for the training .Furthermore ,the researcher observed that the supervisors who sent to the training institutions with the trainees as well as those who gave cooperative training were not closely watched and trained the trainees as of required .Besides, the researcher observed that the training equipments and facilities ,demonstrations ,diagrams ,charts, ventilation ,enough space for the trainees ; memorandum of agreement; safety materials; place of changing clothes ;medical equipments, job practice period ;and human and technological support were not that much utilized as required for the training .In addition to this ,the researcher observed attentively that some of the health sectors which were providing cooperative training to the trainees not ready for the ongoing process of the training . Generally, the researcher observed that even though they were aim full and committed trainees there who tried to get adequate skill from the cooperative training ,on the contrary some of the trainees were carless and negligent on the training.

Regarding the above observation **MoE, 2012** recognized that in some cases, the needs of trainees cannot be met by the TVET institutions alone. Therefore establishing and developing partnerships between further education institutions and key agencies such as local authorities and voluntary sectors must be a priority .Although these relationships and the arrangements they

make may be complex ,it is the responsibility of all partners to ensure that they work together to ensure the best possible learning arrangements for the trainees.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.1 Summary of the Findings

The general objective of the study was to investigate the practice and challenges of cooperative training in some selected private health science TVET colleges in Addis Ababa City Administration. Accordingly, this study came up with the following major findings

Nearly 100% of health sector trainers and health science colleges' trainers as well as the majority of trainees (77.5%) (SA+A) agreed to the idea that cooperative training helps health trainees to add more practical skills. Besides, 100% of both health science college and health facility trainers and 73.4% of trainees agreed (SA+A) to the idea that cooperative training assists trainees to experience real work environment. Besides, cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession. Indeed, about 40(100%) of health facility trainers, 19(95%) of health science college trainers and 150(68.8%) of trainees reported that they agreed (SA+A) with the idea.

It was found out in the study that health science college trainers, health facility trainers and many of the trainees confirmed that cooperative training provides the market with well trained and skilled mid-level health professionals. Indeed, most health facility trainers, health science college trainers and the majority of trainees agreed that the training helps trainees to develop good discipline in their profession. In principle, the health sector basically encourages trainees for cooperative training. Moreover, mentors have adequate enough knowledge about the importance of cooperative training. The result of this study indicates that considerable trainees, health science college trainers and health facility trainers agreed that demonstration and laboratory facilities are well organized and easily accessed for cooperative training respectively. It has to be stressed that there is a clear gap in terms of material supplies for cooperative training and also in organization of demonstration and laboratory rooms .The condition of the facilities, materials, equipments, etc .are not conducive or available enough for a proper training process that eventually results in the production of competent and productive work force equipped with up to date knowledge and skills familiar to the new technologies.

Moreover, though staffs of Health organizations are aware of their responsibility while practicing the cooperative training and that the respondents have positive attitude to this idea, this study identified a gap between staff awareness and responsibility towards cooperative training. There seem to be adequate health training manuals, guidelines and standards of cooperative training.

Besides, though trainees' progress is evaluated periodically, yet many of the trainees attach little values to evaluation. This is in spite of the fact that evaluation of trainees' progress is one of the most critical criteria for the implementation of cooperative training. This would undermine the Endeavour's of health organization and colleges which institutionalized a common forum to evaluate the effectiveness of the training. It also undermined the efforts of Addis Ababa health Bureau which works actively to ensure the quality of cooperative training in accordance with the memorandum of agreement.

This study further shows that there are problems in assigning supervisors; this is inimical for the essential task of conducting follow up of trainees during cooperative training. The negligence of institutes and colleges to follow up trainees during cooperative training was also found to be unprofessional and goes against aspirations of maintaining proper quality trainees. Finally, the study underlined that though cooperative training helps to develop trainees' skills, proper and regular assistance was often lacking during cooperative training.

5.2. Conclusions

Based on the results the following conclusions were drawn in relation to the objective stated:

- The response of the subjects of the study towards the items related to contribution of cooperative training to improve the quality of health service is positive
- Awareness of the stake holders of health sectors towards the purpose of cooperative training is more or less sufficient. Even though, there are health facility trainers who disregarded trainees and demonstration and laboratory facilities are not well organized and easily accessed for cooperative training. Due to this they are unable to possess required skill that needed for the world of work. These adversely affect the benefits obtained from cooperative training for all parties, trainees, health science TVET colleges as well as the health sectors.
- There are health facility trainers that do not follow or even that do not know the availability of Manuals, Guidelines and standards of cooperative training, trainee's performance record and training plan for evaluation purpose in the health

organizations. This condition can affects both the training program and the evaluation of the trainees.

- Observation evaluation and providing feedback of trainees is also not that much sufficient
- Generally there is a gap in monitoring and evaluation of the quality of cooperative training in accordance with the memorandum of agreement.
- In this study ,criteria used for assigning trainees, not enough duration of cooperative training, different way of providing education as theories in the institution and in the cooperative training area, low follow up by college supervisors due to the negligence of the college and others were the factors that affect the implementation of cooperative training. There are large number of trainees responded as not gained required occupational skill during cooperative training due to different reasons.
- .Health science college trainers were also asked to rate the degree of agreement on TVET Agency has a system to check the training process as per the predefined guidelines. Consequently, most of them were disagreed and TVET Agency to check the training process is not enough as required.

5.3. Recommendations

- Cooperative training is negatively affected due to lack of cooperation and mutual understanding between the colleges and health sectors .To come to mutual understanding ,it should requires creating more awareness, conducting advocacy work and introducing incentives by TVET agencies, Addis Ababa health bureau and other responsible organizations .
- Binding contractual documents and memorandum of agreement should be properly signed with health sectors so that they will give proper attention to the program. Prior to requesting to sign agreements, it is important to discuss on the issue and arrive at collaborative consensus. In the absence of these documents, understanding about training among partners will not be adequate to offer the complete work process cycle that involved in an occupation and setting up of training schedule.

- Health TVET colleges should give more attention for practical work; cooperate with health facilities to facilitate the access of training with adequate and required knowledge and skills. For that purpose emphasis should be given on monitoring and evaluation of the program.
- There should be enough time of duration of cooperative training ,appropriate assigning of trainees related with the field of study and covered courses and also adequate follow up to acquire the required occupational skill.
- Since healthcare is an essential for the well being of human being, the researcher believed and expected that this research will be an insight and an igniting bullet for other researchers who would like to conduct on the same study .Therefore it should have to be shelved.

6. REFERENCES

Addis Ababa TVET agency report, December, 2013)

Afeti, G. (2007). *Technical and Vocational Education and Training for Industrialization*. African Research and Resource Forum vocational-education and training for industrialization.

American sociological assocaiation1997: 45-56

Amirmudin ,(2012). Industry Participation in TVET in Malaysia Skudai 81310, Johor Malaysia 2012/13 Semester 1)

Atchoarena, D. and A. Delluc (2002). **Revisiting Technical and Vocational Education and Training in sub-Saharan Africa.** Paris: STEDI

AU (2007). Strategy to Revitalize Technical and Vocational Education and Training (TVET) In Africa. Final Draft(http://www.africa-union.org) ; Addis Ababa: Ethiopia

Auld, Robert B. (1972), "The Cooperative Education Movement: Association of Cooperative Colleges", *Journal of Cooperative Education* **8** (5): 24–27

Bassett(1992).A combination of role play, simulation and discussion, and using communication skill, reflective learning and problem solving ;UK publishing press.

Brooks Rachel (2009). Transition from Education to Work. UK: University of Survey, Palgrave Macmillan.

Coe, Burr, D. (1973). "What is Quality Vocational Education?" The Philosophy and **Foundations of Vocational Education.** (Kazanas, et al eds.). Boston: MSS Information Corporation .Dakar:

Desta, A. (2008). "Factors Affecting Trainees' Attitudes towards TVET: The Case of 10+3 Trainees in Three Government TVET Colleges in Addis Ababa. Addis Ababa:AAU (Unpublished MA Thesis)

ECBP, (2007). Cooperative Training Framework, Addis Ababa: Unpublished

ECBP,(2009). Cooperative & In-company Training Manual. Addis Ababa. Unpublished

Educan(2012). *Technical Vocational Education and Training in Ethiopia Mapping Study Learn4Work.* Schokl and Programme on TVET Programme on TVET The Edukans Foundation: Addis Ababa

EOS May, (2007). Ethiopian Occupational Standard (EOS). Adama: Unpublished.

Girma (2009). "Fundamentals of Administration in Vocational Education". Addis Ababa: AAU (Unpublished Training Material).

Girma, Meharie, H. and Nigatu F(1994)."The Ethiopian Journal of Education" The training and Placement of vocational secondary school teachers in Ethiopia. Vol.XV No.2 .1-32.Institute of Educational Research. Addis Ababa University.

Grubb, W. Norton; Badway, Norena (1998), *Linking School-Based and Work-Based Learning: The Implications of LaGuardia's Co-op Seminars for School-to-Work Programs*, National Center for Research in Vocational Education (ED 418 230)

GTZ (2005). *Ethio-Germen MSE Development Project and TVET Program Pilot Schem On Self-Employment of TVET Graduates;* Final Report: Addis Ababa

Mad, T. and Mothata, S.(eds.) (2000) Critical Issues in South African Education-After 1994. Cape Town: Juta and Company publishers

MoE (*2010*). (Co-Operative & In-Company Training MoE *March 2010*), Addis, Ababa

MoE (2002). Apprenticeship Guideline, Addis Ababa: Ethiopia

MoE (2008). *National Technical and Vocational Education and Training Strategy.(*2nd ed). Addis Ababa.

MoE - (2003). *Indicators of the Ethiopian Education System* Addis Ababa: MOE

MoE (2007). *(Co-operative training Handbook ministry of education June 2007),* Addis Ababa

.

Ramallah.(2010),TVET Strategy (Revised) Approved on November 3rd

Tekelehaimanot Hailessilasse (2002). *Misconception of Technical and Vocational Education and Training in Ethiopia.*AAU: IER; Flambeau, Vol.10 No.1.

Desta.A(2008) Factors Affecting Trainees Attitude towards TVET The case of 10+3 trainees in three Government TVET Colleges in Addis Ababa. Addis Ababa: AAU (Unpublished MA Thesis).

UNESCO IICBA Newsletter Vol. 13 No. 2 December, 2011 page 11-12

UNESCO(1996) The Development of Technical and Vocational Education in Africa.

UNESCO(1997) Training of Teachers/Trainers in Technical and Vocational Education.

UNEVOC (2006). Orienting Technical and Vocational Education and Training for Sustainable Development, Bonn: Germany. www.unevco.unesco.org.

UNEVOC, (1996). Establishing Partnership in TVET and Co-operation between
UNEVOC, (1996). The Development of Technical and Vocational Education in Africa: case studies from Selected Countries. Paris: UNEVCO

UNEVOC, (1996)Establishing Partnership in TVET and Co-operation between Educational Institutions and Enterprises in TVET. Paris: UNEVCO

UNEVOC, (2006). Orienting Technical and Vocational Education and Training for Sustainable Development, Bonn: Germany. www.unevco.unesco.org.

UNEVOC, (2007). Strategy to Revitalize Technical and Vocational Education and Training

UNEVOC, (2008). Investment in Technical Vocational and Training (TVET) in Philippines.

UNEVOC,(1998). Cooperation with the world of work in Technical and Vocational Education and Training. French.

Wanna, L. (1998). "The Current Status of Vocational/Technical Education in Ethiopia: Problems and Prospects". Quality Education in Ethiopia: Visions for the 21st Century
Ziderman, A. (2001),**Financing Vocational Training to** Meet Policy Objectives: Sub-Saharan Africa. Bar Ilan University (Israel): World Bank

Annex 1

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES

DEPARTMENT OF CURRICULUM AND TEACHERS PROFESIONAL DEVELOPMENT STUDIES

Questionnaire to be filled by trainees

The purpose of this questionnaire is to assess the practice and challenges of cooperative training in some selected Private Health Science Colleges of Addis Ababa City Administration. You have been selected to fill this questionnaire. The information that you provide will be used only for the research purpose and it would be keep confidential. Your cooperation in filling the questionnaire contributes a lot to make the study more meaning full and complete.

I thank you very much in advance for your cooperation.

General Instructions:

1. Please don't write your name
2. For alternative answers, fill in the box by using a thick **(✓)** mark.
3. For any additional opinion or explanation write short answer in the space provided.

Part 1: Background information

1. Name of your Health facility _____
2. Age: a)< 20 ☐ b) 21-25 ☐ c) 26--30 ☐ d) 31--35 ☐ > 36
3. **Sex** a) Male ☐ b) Female ☐
4. Major Field of the study _____
5. Training program enrolled a) Level III ☐ b) Level ☐

Part 2: Instruction

Please indicate the extent to which you agree or disagree using the five point scale in the box provided for each statement, by placing (✓) in the box provided

2.1 The contribution of cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Cooperative training helps health trainees to add more practical skills.					
2	Cooperative training assists trainees to experience real work environment.					
3	The training helps Trainees develop good discipline in their profession.					
4	Cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession.					
5	The training provides the market with well trained and skilled mid-level health professionals.					
6	The training assists trainees to develop confidence du ring their actual performance.					
7	The training has over all contribution in socio economic development of the nation.					

2.2 Awareness of stakeholders about cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	The willingness of health sector to accept trainees for cooperative training is satisfactory					
2	Mentors' have enough knowledge about the importance of cooperative training for health sector development					
3	Staffs of Health originations are of aware of their responsibility while practicing the cooperative training					
4	Materials/supervisors and supplies provided for the realization of cooperative training are adequate.					
5	Demonstration and laboratory facilities are well organized and easily accessed for cooperative training					

2.3 Criteria's for assigning and time of cooperative training

1. What criteria was used in assigning trainees to the cooperative training centre

   A. Field of study ☐ C. Interest of trainees ☐

   B. Distance from residence ☐ D. On lottery basis ☐

2. When the usual cooperative training is conducted?
   - A. During week end ☐ D. During summer vacation ☐
   - B. During the semester break ☐ E. Others ☐
   - C. At any time after the course is completed ☐

3. Do you think that the time you indicated above is convenient for you to participate in cooperative training
   - A. Yes ☐ B. No ☐

4. If your response to question No .3 is No , when do you think the preferable time

   _____

5. For how long do you attend cooperative training at the health facilities?

B. One month ☐ C. Two weeks ☐

C. Two month s ☐ D. More than two months ☐

6. What is your opinion regarding the duration of training at health sectors

A. More than enough ☐ B .Enough ☐ C. Not enough ☐

2.4 Health science colleges' follow-up mechanism of cooperative training

1. Does your college assign supervisor who assist trainees at the health organization?

A. Yes ☐ B. No ☐

2. If your answerer to question No. 1 is "yes" to what extent do they assist trainees at the

Work place

A. Highly ☐ B Sufficiently ☐ C Moderately ☐

D. Low ☐ E. Very low ☐

3. Does the supervisor follow trainees during cooperative training?

A. Yes ☐ B . No ☐

4. If your answer to question No .3 is "yes "how frequently?

A. Daily ☐ C. Once a week ☐ D. Once in two weeks ☐

B. Once in a month ☐ E. Others ☐

5. If your answer for question No. 3 is" No "which of the following be possible reason (multiple selection is possible)

E. Shortage of man power ☐ C. Negligence of the institution ☐

F. Shortage of finance for Diem ☐ D. Shortage of transport ☐

E .Responsibility already handled by cooperative centers ☐

G. Others ☐

2.5 About evaluation and acquiring the outcome of cooperative training

1. Are supervisors in the health organization evaluate trainees?

A. Yes ☐ B. no ☐

2. If your answer to question No. 1 is yes based on what they evaluate

A. Based on the cooperative training guide Lines ☐ C. Based on their criteria ☐

B. Based on personal relationship with trainees ☐ D. do not evaluate at all ☐

3. Do you think that trainees gained the required occupational skill through cooperative training

A. Yes ☐ B. No ☐

4. If your answer to question No.3 is No which of the following be possible reason

A. No proper assistance was given during cooperative training ☐

B. Trainees low academic performance ☐

C. Trainees do not follow cooperative training regularly ☐

D. Others ☐

Part 3: Open- Ended questions

1. What suggestions do you have regarding the proper implementation of cooperative training in private health science TVET colleges?

_____
_____
_____
_____

2. What major challenges have you faced during the implementation of cooperative training?

_____
_____
_____
_____

3. Any other suggestions and recommendations that you need to add.

_____
_____
_____
_____
_____
_____

በአዲስ አበባ ዩኒቨርስቲ የድህረ ምረቃ ትምህርት ፕሮግራም

በትምህርት እና ሥነ ባህሪ ጥናት ኮሌጅ የትምህርት ክፍል የመምህራን ሙያ ሥነ-ትምህርት ዕድገት ጥናት

በሠልጣኝ ተማሪዎች የሚሞላ መጠይቅ

የዚህ መጠይቅ ዋና አላማ በአዲስ አበባ ከተማ ከሚገኙ የግል የጤና ሳይንስ ኮሌጆች ውስጥ በተመረጡ 4 ኮሌጆች ያለውን የትብብር ሥልጠና አተገባበር ተግዳሮት (practice and challenges) በመለየት የመፍትሄ ሃሳቦችን ለመጠቆም ነው::

በመሆኑ እርሶዎ ለዚህ ጥናት የሚያግዘውን መጠይቅ በመሙላት እንዲተባበሩኝ እየጠየቅኩኝ የሚሰጡት ማንኛውም ሃሳብ ሚስጥርነቱ የተጠበቀ ነው::

ስለትብብርዎ በቅድሚያ አመሰግናለሁ!!!

ማሳሰቢያ

1- እባክዎ ስምዎን አይፃፉ

2- ከተሰጡት አማራጭ መልሶች የሚመርጡት መልስ ሥር የ‹‹√ ›› ምልክት ያኑሩ

3- ለማንኛውም ተጨማሪ ሃሳብ በተዘጋጀው ክፍት ቦታው ላይ ያስፍሩ

ክፍል 1- የግል ሁኔታ

1- የሚሰለጥኑበት ኮሌጅ.....

2- ዕድሜ ሀ) <20 ☐ ለ)21-25 ☐ ሐ)26-30 መ☐ ሠ)31-35 ☐ ረ)>36 ☐

3- ፆታ ሀ) ወንድ ☐ ለ) ሴት ☐

4- የሚከታተሉት የትምህርት ዘርፍ ----------

5- የሥልጠና ደረጃ ሀ) ሌቭል III ☐ ለ) ሌቭል IV ☐

መመሪያ ቁጥር 2

እባክዎት ከቀረቡት አማራጮች ውስጥ በሚስማማዎት አማራጭ ሥር የ‹‹√›› ምልክት ያኑሩ

2.1 የትብብር ሥልጠና አስተዋፅኦ (ጠቀሜታ)

ተ/ቁ	**የጥያቄዎች ዝርዝር**	በጣም አልስማማም	አልስማማም	ገለልተኛ	እስማማለሁ	በጣም እስማማለሁ
1	የትብብር ሥልጠና የጤና ሳይንስ ኮሌጅ ተማሪዎችን ለበለጠ የተግባር ክህሎት ያበቃል					
2	የትብብር ሥልጠናው ሠልጣኞችን የዕውነተኛውን ሥራ አካባቢ እንዲለማመድ ዕድል ይሰጣል					
3	ሥልጠናው ሰልጣኞችን በሙያቸው ጥሩ ሥነ- ምግባር እንዲያዳብሩ ያግዛል					
4	የትብብር ሥልጠናው ሠልጣኞችን ጥሩ ዕውቀት እንዲጨብጡ እና ከአዳዲስ ቴክኖሎጂ ጋር እንዲተዋወቁ ያግዛል					
5	ሥልጠናው ለጤናው ዘርፉ ብቃት ያለው የ መለስተኛ ጤና ባለሙያዎች ፍላጎት ያሟላል					
6	ሥልጠናው ሠልጣኞችን በሥራቸው ላይ በራስ እንዲተማመኑ ያግዛል					
7	ሥልጠናው በማህበረሰብ ኢኮኖሚያዊ ዕድገት ላይ ሁለንተናዊ ጠቀሜታ አለው					

2.2 አጋሮች (stakeholder)በትብብር ሥልጠናው ላይ ያላቸው ግንዛቤ

ተ.ቁ	**የጥያቄው ዝርዝር**	በጣም አልስማማም	አልስማማም	ገለልተኛ	እስማማለሁ	በጣም እስማማለሁ
1	ጤና ተቋማት(ሆስፒታሎች እና ጤና ጣቢያዎች) የትብብር ሥልጠና ሰልጣኞችን ለመቀበል ያላቸው ፍቃደኝነት					
2	በጤና ተቋሙ ያሉት አሰልጣኞች (ሱፐር ቫይዘሮች) ስለትብብር ስልጠናው ጠቃሚነት በቂ እውቀት አላቸው					
3	የጤና ተቋማት አሠልጣኞች በትብብር ሥልጠናው ትግበራ ወቅት ስለሚኖራቸው ኃላፊነት ያውቃሉ					
4	የትብብር ሥልጠና ተቋም አስፈላጊውን አሰልጣኝ ፣የሥልጠና መሳሪያ እና አቅርቦት(supples) ያቀርባል					
5	የትብብር ሥልጠና ተቋሙ የማሳያ (demonstration) እና የላብራቶሪ ክፍሎች በተሟላ መልኩ የተዘጋጁ እና ለአጠቃቀም ምቹ ናቸው					

የሠለጣኞች መላክያ መስፈርተና የትብብር ሥልተና ጊዜ

1- የሠልጣኞች ወደ ትብብር ሥልጠና ማዕከል የመላክያ መሥፈርት

ሀ) የትምህርት ዘርፍ ☐ ሐ) በሠልጣኞች ፍላጎት ☐

ለ) ከመኖሪያ ቤት ካለው ርቀት ☐ መ)በዕጣ ☐

2- የትብብር ሥልጠና የሚተገበርበት ጊዜ

ሀ) በሳምንት መጨረሻ ☐ ሐ) በክረምት ዕረፍት ጊዜ ☐

ለ) የትምህርት ወቅት እንዳለቀ ☐ መ) ሌሎች ☐

3- ከላይ የገለፁት ጊዜ ለትብብር ሥልጠና አመቺ ነው ይላሉ?

ሀ) አዎ ☐ ለ) አይደለም ☐

4- ለጥያቄ 3 መልስዎ «አይደለም» ከሆነ አማራጭ ነው የሚሉት ጊዜ መቼ ነው? ----------

5- በጤና ተቋሞ በሚሰጠው የትብብር ሥልጠና ለምን ያህል ጊዜ ተሳትፈዋል?

ሀ) ለአንድ ወር ☐ ሐ) ለሁለት ሳምንት ☐

ለ) ለሁለት ወር ☐ መ) ከሁለት ወራት በላይ ☐

6- በጤና ተቋማት ስለሚኖረው የሥልጠና ጊዜ ምን ያስባሉ?

ሀ) ከበቂ በላይ ☐ ለ) በቂ ☐ ሐ) በቂ አይደለም ☐

7- የትብብር ሥልጠናው በኮሌጁ ከሚሰጠው ንድፍ ሃሳብ (theory)ትምህርት ጋር ምን ያህል ይያያዛል?

ሀ) በጣም ከፍተኛ ☐ ሐ) መካከለኛ ☐

ለ) ከፍተኛ ☐ መ) ዝቅተኛ ☐ ሠ) በጣም ዝቅተኛ ☐

በትብብር ሥልጠና ወቅት የጤና ወቅት የጤና ሳይነስ ከለጆች የክትትል ድጋፍ አግባብ

1 ኮሌጅዎ በጤና ተቋሙ ተገኝቶ የሚረዳ ሱፐር ቫይዘር ይመድባል?

ሀ) አዎ ☐ ለ) አይመድብም ☐

1. የነኛ ጥያቄ መልስዎ «አዎ» ከሆነ በኮለጁ ስፖርቫይዘር ሥራ ቦታው ላይ የሚደረግ የድጋፍው መጠን እንዴት ያዩታል?

   ሀ) በጣም ከፍተኛ ☐ ሐ) መካከለኛ ☐

   ለ) አጥጋቢ ☐ መ) ዝቅተኛ ☐ ሠ) በጣም ዝቅተኛ ☐

2. ሱፐርቫይዘሩ በትብብር ሥልጠና ትግበራ ወቅት ክትትል ያደርጋሉ?

   ሀ) አዎ ☐ ለ) አያደርጉም ☐

3. የ 3 ኛው ጥያቄ መልስዎ «አዎ» ከሆነ በምን ያህል ድግግሞሽ?

   ሀ) በየቀኑ ☐ ሐ) በሳምንት አንድ ጊዜ ☐

   ለ) በሳምንት አንድ ቀን ☐ መ) በወር አንድ ጊዜ ☐ ሠ) ሌሎችም ☐

4. የ3ኛው ጥያቄ መልስዎ «አያደርጉም» ከሆነ ከሚከተሉት አማራጮች የትኛውን ምክንያት ነው ይላሉ?

   ሀ) የሰው ሃይል ዕጥረት ☐ ሐ) የኮሌጁ ችላ ባይነት ☐

   ለ) የውሎ አበል ዕጥረት ☐ መ) የትራንስፖርት ዕጥረት ☐

ሠልጣኞች በትብብር ሥልጠናው ሙያዊ ክህሎት ስለማግኘታቸው እና ምዘና ስለመደረጉ

1. የጤና ተቋማት ሱፐር ቫይዘሮች ሠልጣኞችን ይመዝናሉ (ይገመግማሉ)

   ሀ)አዎ ☐ ለ) አይመዝኑም ☐

   የ ነኛው ጥያቄ መልስዎ« አዎ» ከሆነ መስፈርቱ ፡-

   ሀ)የትብብር ሥልጠናን መመሪያን ተንተርሰው ☐ ለ) በራሳቸው መስፈርት ☐

   ሐ) ከሠልጣኞች ጋር ባላቸው የግል ግንኙት ☐ መ) ሌላ ☐

2. ሠልጣኞቹ ከትብብር ሥልጠናው ሙያዊ ክህሎት አግኝቷል ይላሉ

   ሀ) አዎ ☐ ለ)አላገኙም ☐

3. የ3 ኛው ጥያቄ መልስዎ «አላገኙም» ከሆነ ከሚከተሉት ውስጥ ምክንያቱ የሆነው

   ሀ) በትብብር ሥልጠናው ወቅት በቂ ክትትል አለማድረግ ☐

   ለ)የሠልጣኞቹ አቅም ዝቅተኛነት ☐

   ሐ)የሠልጣኞቹ የትብብር ሥልጠናውን አለመከታተል ☐

   መ)ሌሎች ☐

መመሪያ 3

1. በግል የጤና ሳይንስ ኮሌጅ ትብብር ሥልጠና አተገባበር ላይ ምን አስተያየት አለዎት ?

2- በትብብር ሥልጠና አተገባበር ወቅት ምን ከበድ ያለ ችግር አጋጠመዎት ?

---

3. ---

Annex 2

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF CURRICULUM AND TEACHERS PROFESIONAL DEVELOPMENT STUDIES

Questionnaire to be filled by health science college trainers /supervisors

The purpose of this questionnaire is to assess the practice and challenges of cooperative training in some selected Private Health Science Colleges of Addis Ababa. You have been selected to fill this questionnaire. The information that you provide will be used only for the research purpose and it would be maintained confidential. Your cooperation in filling the questionnaire contributes a lot to make the study more meaning full and complete.

I thank you very much in advance for you cooperation.

General Instructions:

1. Please Don't write your name
2. For alternative answers, fill in the box by using a thick **(✓)** mark.
3. For any additional opinion or explanation write short answer in the space provided.

Part I: Background information

1. Name of your Health Science College _____
2. Age: a) < - 25 ☐ b) 26 - 30 ☐ c) 31 - 35 ☐ d) 36 – 40 ☐
   e) > - 41 ☐
3. Sex a) Male ☐ b) Female ☐
4. Major Field of the study _____
5. Qualification a) PHD ☐ b) MA/MSc ☐ c) BA/BSC ☐ d) Diploma ☐
   e) Others ☐

Part II: Instruction

Please indicate the extent to which you agree or disagree using the five point scale in the box provided for each statement, by placing (✓) in the box provided

2.1 Awareness and preparation of health facilities about cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	The willingness of health sector to accept trainees for cooperative training is satisfactory					
2	Mentors' have enough knowledge about the importance of cooperative training for health sector development					
3	Staffs of Health facilities are responsible for practicing the cooperative training					
4	Materials and supplies provided for the realization of cooperative training are adequate.					
5	Demonstration and laboratory facilities are well organized and easily accessed for cooperative training					
6	Trainees are well oriented about the training environment and maintain their safety					

2.2 The contribution of cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly disagree
1	The training produces capable mid-level health professionals					
2	The training assists the government in the implementation of health service expansion plans by providing skilled manpower.					
3	Trainees developed good discipline in health service practices					
4	The training familiarizes the trainees to new knowledge and technologies in their profession al practices.					
5	The training provides the market with well trained and skilled mid-level health professional					
6	The training assists trainees to develop confidence in them and feel proud of their ability to work independently.					
7	The training has over all contribution in socio economic development of the nation					

2.3 Relating availability and utilization of memorandum of agreement for the effectiveness of cooperative training

No	Items	Strongly agree	agree	Uncertain	Disagree	Strongly disagree
1	Manuals, Guidelines and standards of cooperative training are available					
2	Trainees performance record and training plan are available for evaluation purpose in the health facilities					
3	Trainees progress is evaluated as per schedule					
4	The cooperative trainer observes and provides feedback to trainees					
5	The health facilities and colleges have common forum to evaluate the effectiveness of the training					

Part III: **Open- Ended questions**

1. What suggestions do you have regarding the proper implementation of cooperative training in private health science TVET colleges in order to meet its policy objectives?

_____
_____
_____
_____
_____

2. What major challenges have you faced during the implementation of cooperative training?

_____
_____
_____
_____
_____

3. What measures were taken to overcome the challenges faced during cooperative training?

_____
_____
_____
_____
_____

4. Any other suggestions and recommendations that you need to add.

_____
_____
_____
_____

Annex 3

ADDIS ABABA UNIVERSITY
SCHOOL OF GRADUATE STUDIES

COLLEGE OF EDUCATION AND BEHAVIORAL STUDIES DEPARTMENT OF CURRICULUM AND TEACHERS PROFESIONAL DEVELOPMENT STUDIES

Questionnaire to be filled by health facility trainers /supervisors

The purpose of this questionnaire is to assess the practice and challenges of cooperative training in some selected Private Health Science Colleges of Addis Ababa. You have been selected to fill this questionnaire. The information that you provide will be used only for the research purpose and it would be maintained confidential. Your cooperation in filling the questionnaire contributes a lot to make the study more meaning full and complete.

I thank you very much in advance for you cooperation.

General Instructions:

1. Please Don't write your name
2. For alternative answers, fill in the box by using a thick **(✓)** mark.
3. For any additional opinion or explanation write short answer in the space provided.

Part I: Background information

1. Name of your Health facility _____

6. Age: a) < - 25 ☐ b) 26 - 30 ☐ c) 31 - 35 ☐ d) 36 – 40 ☐
   e) > - 41 ☐
7. Sex a) Male ☐ b) Female ☐
8. Major Field of the study _____
9. Qualification a) PHD ☐ b) MA/MSc ☐ c) BA/BSC ☐ d) diploma ☐
   e) others ☐

Part 2: Instruction

Please indicate the extent to which you agree or disagree using the five point scale in the box provided for each statement, by placing (✓) in the box provided

2.1 The contribution of cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Cooperative training helps health trainees to add more practical skills.					
2	Cooperative training assists trainees to experience real work environment.					
3	The training helps Trainees develop good discipline in their profession.					
4	Cooperative training assists the trainees to acquire knowledge and introduced to new technologies in their profession.					
5	The training provides the market with well trained and skilled mid-level health professionals.					
6	The training assists trainees to develop confidence during their actual performance.					
7	The training has over all contribution in socio economic development of the nation.					

2.2 Awareness of stakeholders about cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	The willingness of health sector to accept trainees for cooperative training is satisfactory					
2	trainees' have enough knowledge about the importance of cooperative training for health sector development					
3	Staffs of Health originations are aware of their responsibility while practicing the cooperative training					
4	Materials/supervisors and supplies provided for the realization of cooperative training are adequate.					
5	Demonstration and laboratory facilities are well organized and easily accessed for cooperative training					

2.3 Availability of memorandum of agreement for the effectiveness of cooperative training

No	Items	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
1	Manuals, Guidelines and standards of cooperative training are available					
2	Trainees performance record and training plan are available for evaluation purpose in the health organizations					
3	Trainees progress is evaluated as per schedule					
4	The cooperative trainer observes and provides feedback to trainees					
5	The health organization and colleges have common forum to evaluate the effectiveness of the training					

Regarding Implementation of cooperative training

2. Who determine the number of trainees assigned to the selected health organizations
   f. Each health sector ☐
   g. On the basis of the statement of the law ☐
   h. By training health science colleges ☐
   i. Up on the agreement between the institutions and organizations ☐
   j. No formal procedure ☐
3. For how long do cooperative training trainees attend at the health sectors?
   C. One month ☐ C. Two weeks ☐
   D. Two month s ☐ D. More than two months ☐
4. What is your opinion regarding the duration of training at health sectors
   D. More than enough ☐ B .Enough ☐ C. Not enough ☐
5. Do you think that trainees gained the required occupational skill through cooperative training
   C. Yes ☐ B. No ☐

1o. If your answer to question No.9 is No which of the following be possible reason

   a. No proper assistance was given during cooperative training ☐
   b. Trainees low academic performance ☐
   c. Trainees do not follow cooperative training regularly ☐
   d. Others ☐

11. Did your health facility receive from the health science colleges about what have been covered and not covered during the training time in the college?

Yes ☐ B. No ☐

12. If your answer to question No. 11 is “yes>> what do you think its importance (multiple selection is possible)

A. IT enables the health sector to know what is covered and what is not ☐
B .It enables the supervisor from where to start cooperative training ☐
C. It Enables health sector to know the strong and weak points on the training institutions ☐ D .Others ☐

13. If your answer to question no. 11 is “No” how do you train the trainees (how do you assign to different departments)

A. by asking the trainees interest. ☐ C. By lottery method ☐

B. by asking the trainees level ☐ D. Others ☐

14. Did the colleges assign supervisor who assist trainees at the health sectors?

C. Yes ☐ B. No ☐

15. If your answerer to question No. 14 is “yes” to what extent do they assist trainees at the work place?

A. Highly ☐ B. Sufficiently ☐ C, Moderately ☐

D. Low ☐ E. Very low ☐

16. Does the assign supervisor follow trainees during cooperative training?

C. Yes ☐ B No ☐

17. If your answer to question No.15 is “yes “how frequently?

C. Daily ☐ B. Once a week ☐ C. Once in two weeks ☐

E. Once in a month ☐ E. Others ☐

18. Do Supervisors in the health facilities evaluate trainees?

A. Yes ☐ B. No ☐

19. If your answer for question no.17 is " yes" based on what they evaluate

A. Based on the cooperative training guide Lines ☐ C. Based on their criteria ☐ .

Based on personal relationship with trainees ☐ D. Others ☐

Part III: Open- Ended questions

1. What suggestions do you have regarding the proper implementation of cooperative training in private health science TVET colleges in order to meet its policy objectives?

_____
_____
_____
_____
_____

2. What major challenges have you faced during the implementation of cooperative training?
_____
_____
_____
_____
_____

3. What measures were taken to overcome the challenges faced during cooperative training?
_____
_____
_____
_____

4. Any other suggestions and recommendations that you need to add

._____
_____
_____
_____
_____

Interview guides for deans/vice deans

1. What criteria are used in choosing and assigning cooperative training centres ?are they appropriate
2. What is the contribution of cooperative training in improving the quality of health
3. What arrangements are made before & during cooperative training program
4. How do you support trainees at health sectors during cooperative training
5. How do you express the relevance of cooperative training & to what extent do trainees relate theory with practice
6. What do you suggest to improve the implementation of cooperative training

Observation check list

No	*TRAINING TOOLS*	Yes	No
1	*Safety materials availability*		
2	*Memorandum of agreement*		
3	*place for changing working clothes(uniforms)*		
4	*Medical equipments*		
5	*Ventilation and entrance window*		
6	*Availability of job practice period*		
7	*Human and technological support*		
8	*Diagrams and charts for training support*		

DECLARATION

This thesis is my original work and has not been presented for a degree in any other university and that all source of materials used for the thesis have been fully acknowledged.

Name Haileselassie Amare

Signature_____

Date of Submission_____

This thesis is submitted for examination with my approval as a university advisor

Name Solomon Areaya (PhD)

Signature_____

Date _____