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Trip Report

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Travelers: Dr. James Veney, Evaluation Officer
Ms. Constance Newman, Evaluation Specialist

Dr. Margarita Miranda, Consultant
Country Visited: KENYA

Date of Trip: March 7-22, 1986

Purpose: To conduct an Evaluation Follow-On workshop for 14 Africa Region and 1 Asia Region evaluation specialists

Program for International Training in Health
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Chapel Hill, North Carolina 27514 USA

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LIST OF ABBREVIATIONS USED IN THIS REPORT

BARS	Behaviorally Anchored Rating Scale
CTT	Core Training Team
IMCH	Institute of Maternal and Child Health

EXECUTIVE SUMMARY

Dr. James E. Veney, INTRAH Evaluation Officer and UNC/CH Professor, Department of Health Policy and Administration; INTRAH consultant Dr. Margarita Miranda; and INTRAH Evaluation Specialist, Ms. Constance Newman, travelled to Nairobi, Kenya from March 7 to 22 to conduct the Africa Region follow-on workshop to the evaluation course sequence held in Chapel Hill, North Carolina from May to July, 1985. Fourteen representatives of MCH/FP institutions from four African countries (Kenya, Nigeria, Sierra Leone and Uganda) and one from the Philippines attended the workshop, including all but one of the persons from the Africa Region who attended the course in Chapel Hill.

The activities of the workshop concentrated on three areas of concern: a review of evaluation progress in each country since the Chapel Hill course, techniques and strategies for assessing training impact, and the development of a prototype instrument for assessing trainee performance. The final day of the workshop was devoted to individual meetings between the INTRAH evaluation team and the representatives from each country during which strategies for proceeding were discussed and next steps were determined. Basic evaluation plans and recommendations made with regard to each country were as follows:

Kenya: A memorandum of agreement should be worked out between INTRAH, the Division of Nursing/Ministry of Health and the Division of Family Health/Ministry of Health to specify exactly the role and contribution of the evaluation resource persons and to guarantee the availability of any additional support required to ensure that the evaluation goes forward in Kenya.

Nigeria: It was agreed that, for the present, the Nigeria evaluation activities appear to be moving ahead as should be expected. However, no further activities are presently scheduled or anticipated after the last evaluation training workshop in July, and additional work in Nigeria will require a projection of evaluation activities.

Sierra Leone: A meeting should be held in Sierra Leone at which time the role of the in-country evaluation resource persons will be discussed and clarified vis-a-vis the core training team. During that meeting a memorandum of agreement should be developed which provides for any additional resources necessary to complete the evaluation activities in Sierra Leone.

Uganda: As the Uganda contract has yet to be finalized, the plan for evaluation in Uganda should be integrated with the training plan and necessary provisions for evaluation included in the workplan of the contract document.

Philippines: Evaluation activities in the Philippines are moving ahead in good order. Additional evaluation requirements will be discussed again during the Bangkok follow-on workshop where IMCH will be represented by two evaluation specialists.

SCHEDULE OF ACTIVITIES

- March 7, 1986 Arrival by Drs. Veney and Miranda and Ms. Newman, at Jomo Kenyatta Airport, Nairobi, Kenya.
- March 10 - 19, 1986 Implementation of workshop
(see Appendix C for daily schedule).
- March 20, 1986 Meetings with teams from each participating country (see Appendix C for daily schedule).
- March 20, 1986 Meeting by Dr. Veney and Ms. Newman with Ms. Grace Mule, Ms. Linda Lankenau and Dr. Gary Merrit at the offices of USAID/Kenya.
- March 19-22, 1986 Departure by Drs. Veney and Miranda and Ms. Newman, from Jomo Kenyatta Airport, Nairobi, Kenya.

I. PURPOSE OF THE VISIT

The purpose of the INTRAH team's March 7-22 visit was to conduct a follow-on workshop to the evaluation course sequence conducted in Chapel Hill, N.C. during the summer of 1985 for 17 representatives of MCH/FP organizations from the Africa Region.

II. ACCOMPLISHMENTS

1. Fifteen of seventeen participants expected to attend the workshop arrived. Due to last minute problems and some confusion about who should participate, only two of the four persons expected from Sierra Leone were in attendance. One person from Uganda, (Mr. John Male-Mukasa) who had attended the Chapel Hill course was unable to attend the Nairobi follow-on workshop as he was completing a six-month consultancy for WHO in Tanzania. The Uganda Ministry of Health sent a person to attend in his place.
2. The participants, through the activities of the workshop, made significant contributions to the evaluation strategy of INTRAH training activities in African countries. Of particular value were the following:
 - a. Clarification of indicators to be used for evaluation of impact of INTRAH training in countries of the region. A list of indicators that can be used in each country is illustrated in Appendix D.
 - b. Development of an instrument for the evaluation of training competence to be used as an observational device and to serve as a prototype for the development of country specific evaluation tools. The tool is illustrated in Appendix D.

- c. Clarification of a set of steps and activities that will result in the completion of INTRAH evaluation plans in each of the countries of the region through the end of project between individual country teams and the INTRAH evaluation staff.
4. In verbal reactions to the workshop, the participants expressed a high level of satisfaction. The INTRAH participant reaction form results also illustrated a positive response to the workshop on the part of the participants (see Appendix F). Two areas of concern on the part of the participants seem to be particularly evident from the reaction forms. These are the limited extent to which the workshop dealt with practical problems (and limited opportunities provided to practice practical techniques), and limited trainer/trainee feedback. With regard to the former, it is apparent from items 8, 9, 10, 11 and 16d that participants felt the practical and practice aspects of the workshop were limited. Item 14 suggests that trainees felt they may have been unclear about how they were progressing in the workshop. Apart from those two concerns, the workshop appears to have been well received.
5. On the pre- and post-tests of knowledge gained during the workshop, the group mean was 36.9 on the pre-test and 41.7 on the post-test out of a possible score of 57. On the basis of the test of significance of the difference between the pre- and the post-test, a T value of 3.19 is derived (see Appendix F). This indicates that the null hypothesis of no change in correct responses between the pre- and post-tests would be rejected at the .05 level of significance. However, 73% average correct rate on the post-test would suggest that modifications in the pre- and post-test, to make

it more appropriate to the material covered, might be considered if the basic content is presented in another workshop.

III. BACKGROUND

This evaluation follow-on workshop is part of INTRAH's overall plan for increasing the evaluation skills and capabilities of a designated cadre of in-country evaluation resource persons who will be responsible for assuming/conducting many in-country activities on behalf of INTRAH in their own countries. These resource persons are being trained through the Chapel Hill evaluation course sequence conducted in May/June 1985, the Nairobi and Bangkok follow-on evaluation workshops, and provision of individual country-specific technical assistance as required. In-country technical assistance also includes country specific evaluation workshops that are being conducted with national evaluation resource persons as co-trainers.

IV. DESCRIPTION OF ACTIVITIES

The workshop was a ten-day course on evaluation of INTRAH in-country training activities, conducted as a follow-on to an earlier course sequence on evaluation of INTRAH training conducted in Chapel Hill in the summer of 1985. It was held in Nairobi, Kenya at the Silver Spring Hotel from March 10 - March 20, 1986. Fifteen participants from Africa and Asia participated in the workshop. Names and titles of all participants are given in Appendix B.

The workshop was conducted as a participatory training activity, in which a combination of presentations and directed exercises were employed. The workshop curriculum and materials are detailed in Appendices C and E.

V. FINDINGS AND CONCLUSIONS

1. The workshop provided the opportunity to review the INTRAH evaluation activities conducted in each country represented as a means to ensure that these activities are on schedule and progressing as expected. It was concluded through individual country team consultations that special provisions through the memorandum of agreement mechanism are likely to be necessary to ensure that evaluation activities proceed as expected in Sierra Leone and Kenya.
2. The workshop also provided the opportunity for work by the participants in small groups to develop the specifications for INTRAH impact evaluation (which will be based primarily on baseline information collected at the outset of INTRAH intervention and on end of project information collected as the INTRAH training project is completed in each country) and to develop an instrument for the assessment of training capabilities on the part of persons trained as trainers by INTRAH. The trainers' evaluation instrument can serve as a prototype for further development of country specific instruments prior to performance assessment activities.
3. The workshop provided an opportunity for country evaluation resource persons to provide input to INTRAH with regard to the evaluation of INTRAH activities in their countries. It also served as an opportunity to specify steps that must be taken to move ahead with the evaluation of the INTRAH projects in individual African countries.

VI. RECOMMENDATIONS

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1. In order to guarantee that evaluation proceeds at an acceptable pace in Sierra Leone and Kenya, memoranda of agreement should be developed for those two countries to ensure that responsibilities and activities of evaluation resource persons in those countries are understood and agreed upon. In Sierra Leone, the development of such a memorandum should be preceded by a visit to the country to discuss the evaluators' roles with the members of the Ministry of Health CTT, the Chief Medical Officer and with the Director of MCH. Evaluation in Uganda should be an integral part of the INTRAH/MOH training plan. Evaluation in the Philippines and Nigeria is proceeding as expected.
2. All countries in which INTRAH has major training projects should be encouraged to employ some form of impact assessment based on the development of baseline data at or prior to the implementation of INTRAH training activities and a collection of the same type of data gathered after the completion of the INTRAH training project. Guidelines developed in the workshop will be useful in specifying the types of information that should be included in such baseline and end-of-training assessments.
3. The BARS approach can be used to assess the progress and effectiveness of training. For BARS to be used successfully, however, it will be necessary for workshops to be held in-country to adapt the BARS categories to the needs of individual countries, based on the prototype developed during this workshop.

V. FINDINGS AND CONCLUSIONS (cont'd)

4. Some of the workshop activities were devoted to the examination and assessment of the INTRAH biodata form as presently designed. It was the consensus of the workshop that the biodata form should be modified to provide a place for current position of the respondent on page one of the form and that an additional page should be added to the form to provide a place for trainers to include information about training courses they have previously conducted. The suggested revised form is given in Appendix D.

VI. RECOMMENDATIONS (cont'd)

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4. All possible efforts should be made to ensure that evaluation resource personnel in each country are technically able to ensure that the INTRAH evaluation strategy is carried out as an integral part of the country program, and in support of the needs of the country.

APPENDIX A

PERSONS CONTACTED

E/SA OFFICE, INTRAH

Miss Pauline Muhuhu, Director

Mrs. Grace Mtawali, Training Officer

Ms. Margaret Kwyanga, Administrative Assistant

USAID/NAIROBI

Dr. Gary Merritt, Population Officer

Ms. Linda Lankenau, Assistant Health/Population
Development Officer

Ms. Grace Mule, Program Assistant

APPENDIX B
WORKSHOP PARTICIPANTS

- Mrs. Margaret Julie Bodede, Chief Health Sister, Ministry of Health, Lagos State, Nigeria
- Mr. Ayodele Akin-Dahunsi, Principal Health Planner, Federal Ministry of Health, Health Planning and Research Directorate, Nigeria
- Mrs. Margaret Wambui Gatei, Senior Nursing Officer, Division of Nursing, Kenya
- Mrs. Zeruah Wambui Gitau, Public Health Nurse, Division of Family Health, Kenya
- Mrs. Miriam C. Grafilo, Director of Support Services, IMCH, Philippines
- Mr. Anthony Ike Isama, Health Planning Officer, Federal Ministry of Health, Health Planning and Research Directorate, Nigeria
- Mrs. Speciosa T. Kabwegyere, Programme Evaluation Officer, Ministry of Health, Uganda
- Mr. Anthony M. Kamau, Statistical Officer, Division of Family Health, Kenya
- Mr. Murungaru Kimani, Planning Officer, National Council for Population and Development, Kenya
- Mr. Danny B. Parma, Tutor/Member of Family Planning Core Training Team, Masaka School of Nursing and Midwifery, Ministry of Health, Uganda
- Mrs. Laheri Kanyoma Rushota, Acting Project Coordinator, Ministry of Health, Uganda
- Mr. Amos Nzabanita-Sebasaza, Biostatistician, Ministry of Health, Uganda
- Mrs. F. Amoke Taylor, Assistant Chief Health Sister, Ministry of Health, Lagos State, Nigeria
- Ms. Lois Christiana Vincent, Health Sister, Jenner Wright Clinic
- Mrs. Fatu Yumkella, Medical Demographer, Ministry of Health, Medical Statistics, Demographic Unit, Sierra Leone

APPENDIX C

WORKSHOP CURRICULUM

EVALUATION WORKSHOP 86

TERMINAL OBJECTIVES

By the end of the workshop, the participants should have:

- shared their experiences in INTRAH evaluation and provided feedback to each other on the adequacy of their evaluation approaches.
- developed a set of instruments for the performance appraisal of trainers.
- developed a specific plan for the follow-up study of trainees.
- reviewed and updated INTRAH evaluation plan for their country.

EVALUATION WORKSHOP

SCHEDULE

MARCH 10 - 19, 1986

DAY 1	DAY 2	DAY 3	DAY 4	DAY 5	DAY 6	DAY 7	DAY 8
A.M.							
Registration	Country Team Report on Baseline Data	Use of Service Statistics in Evaluation	Trainee FU Group Report	Study Time	Observation & Recording-Presentation Exercise	Group Report Country Team Report on Evaluation of Training Activity	Group Report
Introduction Icebreaker Exercise		Nigeria Forms Exercise	Performance Appraisal for INTRAH Trainers	Family Planning Trainer Competence Exercise	Exercise		Follow Up and Assistance From INTRAH
			BAES - Review			Country Evaluators Role	
P.M.							
Review of Workshop 85, INTRAH Evaluation Design	Impact Evaluation	Trainee Follow-up Round Table Discussion	Exercise Group Report	Exercise	Group Presentation	Evaluation Plan Review	Workshop Evaluation
	Exercise on Impact Evaluation	Nigeria Report	Trainer Areas of Instructional Competence (Presentation)	Group Report	Review of FU Instruments	Exercise	Closing Ceremony
Country Team General Report		Exercise			Exercise		

DAY 1

LEARNING OBJECTIVES

The participants will

- review INTRAH evaluation design.
- summarize their progress in implementing INTRAH evaluation activities in each country.
- will identify problems and difficulties in implementing INTRAH evaluation activities and strategies to deal with the most common problems.

AGENDA

8:30 - 9:30	Registration
9:30 - 10:30	Introduction/Opening
10:30 - 11:00	Icebreaker Exercise
11:00 - 12:00	Break
12:00 - 1:00	Bio Data Form/Pre-Test
1:00 - 2:00	Lunch
2:00 - 4:00	Review of Evaluation Workshop 85 and INTRAH Evaluation Design Workshop 86 Overview Country Team General Report (Progress/Problems) Sierra Leone Nigeria Kenya Uganda Asia: (Philippines)
4:00 - 4:30	Reflections

DAY 2

LEARNING OBJECTIVES

The participants will

- review the methodology and instruments used or to be used in each country for the baseline data about family planning and family planning resources.
- analyze the adequacy of the baseline data.
- explain how program impact can be assessed.
- specify the types of information that can actually be collected and maintained for impact evaluation in each country.

AGENDA

8:30 - 10:00	Country Team Reports on Baseline Data Sierra Leone Nigeria Kenya Uganda
10:00 - 10:30	Break
10:30 - 12:00	Asia Group Philippines Other Countries
12:00 - 1:00	Lunch
1:00 - 2:00	Impact Evaluation - Presentation
2:00 - 3:00	Exercise on Impact Evaluation
3:00 - 3:30	Break
3:30 - 4:00	Country Team Work on Impact Evaluation
4:00 - 4:30	Group Report
4:30 - 5:00	Reflections

DAY 3

LEARNING OBJECTIVES

The participants will

- review a set of forms to collect and report service statistics in family planning and discuss advantages and disadvantages of them.
- compare the set of forms with what their country is using now and will suggest how their country can improve in collecting and reporting statistics on family planning.
- explain how service statistics can be used in INTRAH evaluation to assess effectiveness and impact of the program.
- explain and critique the approach to trainee follow-up in each country represented.
- review the Nigeria preliminary guide and questionnaire for trainee follow-up.

AGENDA

8:30 - 9:30	Use of service statistics in evaluation and forms used in Nigeria - Presentation
9:30 - 10:30	Exercise 3.1
10:30 - 11:00	Break
11:00 - 12:00	Group Report
12:00 - 1:00	Lunch
1:00 - 3:00	Trainee Follow-Up Roundtable Discussion Knowledge-Activity (10% Sample) Performance Appraisal (3% Sample) Nigeria Report on Port Harcourt
3:00 - 3:30	Break
3:30 - 4:30	Exercise 3.2
4:30 - 5:00	Reflections

DAY 4

LEARNING OBJECTIVES

The participants will

- explain what INTRAH plans are for performance appraisal on the job for trainers.
- specify the job dimensions of a trainer in family planning.
- identify areas of instructional competences for a trainer in family planning.

AGENDA

8:30 - 10:30	Group Report
10:30 - 11:00	Break
11:00 - 11:30	Plans for Performance Appraisal on the job - Follow-up for trainers
	Presentation
11:30 - 12:00	Performance appraisal using BARS
	Review - Presentation
12:00 - 1:00	Lunch
1:00 - 2:00	Exercise 4.1
2:00 - 3:00	Group Report
3:00 - 3:30	Break
3:30 - 4:30	Trainer areas of instructional
	Competences - presentation
4:30 - 5:00	Reflections

DAY 5

LEARNING OBJECTIVES

The participants will

- adopt, modify, or develop descriptions of competences for a family planning trainer.
- develop a part (at least in one area of competence) of a behavior anchored rating scale to evaluate a family planning trainer's performance.

AGENDA

8:30 - 9:30	Study Time
9:30 - 10:00	FP trainer instructional competence - Discussion
10:00 - 10:30	Break
10:30 - 11:30	Exercise 5.1
11:30 - 12:30	Group Report
12:30 - 1:30	Lunch
1:30 - 2:30	Exercise 5.2
2:30 - 3:30	Group Report
3:30 - 4:00	Break
4:00 - 4:30	Reflections

DAY 6

LEARNING OBJECTIVES

The participants will

- explain how to obtain adequately reliable data from observations.
- record information obtained from observations in an objective way.
- develop a form to record information through observation for the performance appraisal of trainers.
- develop a specific plan for INTRAH trainers follow-up in their country.

AGENDA

8:30 - 9:00	Form to record observations - Presentation
9:00 - 10:00	Observation and Recording Presentation/Exercise 6.1
10:00 - 10:30	Exercise Discussion
10:30 - 11:00	Break
11:00 - 12:00	Exercise 6.2 - Development of Observation Form
12:00 - 1:00	Lunch
1:00 - 2:00	Group Presentation
2:00 - 3:00	Review of the instruments developed for trainer follow-up
3:00 - 4:30	Exercise 6.3 - Plan for Trainers Follow-Up
4:30 - 5:00	Reflections

DAY 7

LEARNING OBJECTIVES

The participants will:

- explain the evaluator's role in the evaluation of training activities.
- review the evaluator's role in INTRAH evaluation.
- review and modify the plan for INTRAH evaluation activities in their country.

AGENDA

8:30 - 9:30	Group Report
9:30 - 10:00	Country Team Report on Evaluator Involvement in the Evaluation of INTRAH Training Activity
10:00 - 10:30	Break
10:30 - 12:00	Country Evaluator's Role - Discussion
12:00 - 1:00	Lunch
1:00 - 4:30	Exercise 7.1 - Plan Review for INTRAH Evaluation Activities in each country
4:30 - 5:00	Reflections

DAY 8

LEARNING OBJECTIVES

The participants will

- state the follow-up and assistance needed from INTRAH to implement the evaluation plan.
- present their opinions and feelings about the workshop.
- make recommendations to improve the workshop (for its replication in Thailand).

AGENDA

8:30 - 10:00	Group Report (Plan Presentation)
10:00 - 10:30	Break
10:30 - 12:00	Follow-Up and assistance from INTRAH - Discussion
12:00 - 1:00	Lunch
1:00 - 3:00	Workshop Evaluation Participants verbal reactions/suggestions Post Test
3:00 - 4:00	Participant Reaction Form Closing Ceremony

DAY 9

Problems and Limitations in Individual Countries and Alternatives

Meeting of Country Teams with Dr. James Veney, INTRAH Evaluation Officer to discuss particular problems and alternative solutions.

Kenya Team

Sierra Leone Team

Nigeria Team

Uganda Team

Philippines Team

APPENDIX D

MATERIALS DEVELOPED DURING THE WORKSHOP

INDICATORS OF INTRAH IMPACT- BY COUNTRY

	NIGERIA	UGANDA	KENYA	PHILIPPINES	SIERRA LEONE
1. CTT EXISTS	✓	✓	✓	✓	✓
2. CTT ACTIVITY	✓	✓	✓	✓	✓
3. PERSONNEL TRAINED	✓	✓	✓	✓	✓
4. TRAINING CATEGORIES	✓	✓	✓	✓	✓
5. SERVICE CENTERS	✓	✓	✓	✓	✓
6. DISTRIBUTION OF TRAINED PERSONNEL	✓	✓	✓	✓	✓
7. SKILL/PERFORMANCE			✓	✓	
8. TRAINEES PRACTICING					✓
9. ACCEPTORS		✓	✓	✓	✓
10. CONTINUOUS USERS			✓	✓	
11. COMMODITY RECORDS		✓	✓	✓	
12. MATERNAL AND INFANT MORTALITY				✓	✓
13. BIRTH INTERVAL			✓	✓	
14. FAMILY SIZE/PARITY		✓	✓	✓	✓
15. FERTILITY				✓	
16. AVERAGE AGE OF ACCEPTOR				✓	
17. GROWTH MONITORING			✓	✓	
18. DURATION OF FP PRACTICE				✓	✓

**INTRAH EVALUATION FOLLOW-UP
OF PARTICIPANTS TRAINED
AS TRAINERS**

**EVALUATION INSTRUMENTS
"DRAFT"**

APRIL, 1986

INTRODUCTION

Follow-up of trainees is a component of INTRAH evaluation. One of the purposes of the follow-up is to assess performance on the job at least one year after the training activity.

The documents included here are the base for performance appraisal of people trained as trainers in family planning under INTRAH auspices.

Evaluation Instruments

1. Draft of a questionnaire to be used in an interview with a sample of trainers. The document was developed by the participants of the Evaluation Follow-On workshop held in Nairobi in March 1986.
2. Description of Trainer Competencies
3. Behaviorally Anchored Rating Scale (BARS) to rate the performance of trainers.
4. Form to record observation of trainer performance.

The last three documents were developed by the participants of the Evaluation Follow-On workshop conducted in Nairobi in March, 1986. As a basis for the development of those documents I CARE* instruments were used. The participants adopted some parts, modified others and added still others.

*I CARE documents were developed by the American Institute for Mental Studies, the Training School, New Jersey for the evaluation and improvement of instructors in health care.

FOLLOW-UP QUESTIONNAIRE FOR TOT

State: _____

Date: _____

Admin. By: _____

1. Name: _____

2. Work Address: _____

3. Present Job Title: _____

4. Age: _____

5. Sex: _____

6. Marital Status:

Married [] Single [] Divorced []

Separated [] Widow/er []

7. Professional Training Other than Family Planning Specific (three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	___/___	_____
_____	_____	___/___	_____
_____	_____	___/___	_____

8. Areas of Training in Family Planning (three most recent only):

Training	Program Length	Month/Year	Sponsor/Funder
_____	_____	___/___	_____
_____	_____	___/___	_____
_____	_____	___/___	_____

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9. If you have participated in a Training of Trainers, have you changed your position or agency since then?

Yes [] No []

a. If yes, in what position and agency do you work now?

b. In what position and agency did you work before training (whether you changed or not)?

10. Which of the following represent areas in which you presently work (check all that apply)?

Tutor (non clinical)	[]
Clinical teaching	[]
Clinical Service	[]
Motivation	[]
Management/Supervision	[]
Other (specify)	[]

11. Are you an (active) member of an (ongoing) team of trainers?

Yes [] No []

If YES to question 11, please answer questions 12 through 14
If NO, please skip to question 15.

12. Apart from any one training event, does the team of trainers meet together:

a. As often as twice a month	[]
b. As often as once a month	[]
c. As often as once a quarter	[]
d. As often as once a year	[]
e. Less than once a year	[]

13. Are any of the following activities carried out at meetings of the team of trainers: (check all that apply)

a. Planning for training activities	[]
b. Design of training curricula	[]
c. Assessment of training needs	[]
d. Selection of trainees	[]
e. Follow-up of previous trainees	[]
f. Other (Please specify)	[]

14. What preparation did you have to become a member of the training team?

- a. INTRAH or IHP sponsored TOT []
- b. TOT conducted by Training Team []
- c. Never had TOT []
- d. Other (Please specify) []

15. Have you conducted any training during the past twelve (12) months?

Yes [] No []

If YES, to Question 15, please complete the remainder of the questionnaire. If NO, this completes the questionnaire. Thank you for your cooperation.

16. Please list all training you have done beginning with the most recent:

Training	Number of Trainees	Dates of Training	Sponsor/Funder
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____
e. _____	_____	_____	_____

17. For each training in 16 above, indicate the following:

Categories of Trainees	Was Clinical Practice Included (yes/no)
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

For the most recent training you have conducted (that indicated in a. above) please answer the following:

18. a. Did you work with members of a training team in preparation of the training activity?
- Yes [] No []
- b. If yes, how many members did you work with?
- a. All team members []
- b. Most team members []
- c. A few team members []
- d. One or two team members []
19. Approximately how many days were involved in preparation for the training activity?
- a. Less than two days []
- b. Two to five days []
- c. Six to ten days []
- d. Eleven to twenty days []
- e. More than twenty days []
20. Was preparation for the training activity carried out as part of a TOT in which you were a trainee?
- Yes [] No []
21. Was a curriculum and/or a set of daily lesson/training plans developed for the training activity?
- a. Yes, topics only []
- b. Yes, topics plus exercises []
- c. No, none developed []
22. Was an interview or questionnaire used to assess trainee needs prior to the training?
- Yes [] No []
23. Approximately what percentage of the training was carried out by any of the following training/learning methods?
- a. Lecture or verbal presentation []
- b. Individual exercises []
- c. Small Group work []
- d. Role play []
- e. Other (Please Specify) []
-

24. Were any of the following evaluation methods used?
(check all that apply)

- a. Verbal participant reactions []
- b. Written participant reactions []
- c. Pre tests []
- d. Post tests []
- e. Other (Please specify []

25. Have you followed up the trainees from this training activity since it took place?

- a. Yes, casual contact only []
- b. Yes, activity review []
- c. Yes, activity review with written report []
- d. Yes, planned refresher []

e. Have not followed up trainees because of: (check all that apply)

- Lack of time []
- Lack of transport []
- Lack of other resources []
- Not required []
- Other (please specify) []

26. Did other persons participate as trainers with you in this training activity?

- a. Yes, other members of training team []
- b. Yes, others not members of the team []
- c. No, conducted training alone []

This completes the questionnaire, Thank you for your cooperation.

DESCRIPTION OF ROLES AND COMPETENCIES OF
A TRAINER IN FAMILY PLANNING

Instructional Competencies

Guiding and facilitating experiences of trainees is the responsibility of the family planning trainer. This includes careful planning, development of a good learning environment, skill in instructional procedures and in the use of instructional resources, and evaluation of the process and the product.

The effective trainer must develop a high degree of competence in many aspects of the instructional task. He will develop the ability to stimulate the learning process through utilization of various methods and resources which involve the learner actively in the learning process..

As a director of learning a trainer:

- 1.1 Uses need assessments as a basis for designing the training activity.
 - 1.11 Uses existing and adequate data to assess the training needs of the future trainees or develops a needs assessment study if the data is not available.
 - 1.111 Differentiates between training and non-training problems.
 - 1.12 Uses the results of the needs assessment to determine the content for the training activity and as a basis for formulating training objectives.

- 1.13 Uses or recommends the use of the results of the needs assessment in the selection of candidates for the training.
- 2.1 Plans learning experiences consistent with performance objectives.
 - 2.11 Develops learning objectives consistent with job expectations.
 - 2.111 Formulates goals and measurable objectives.
 - 2.12 Plans an appropriate sequence of learning experiences.
 - 2.121 Plans instructional activities to motivate participants.
 - 2.13 Selects methods and activities appropriate to learning goals.
 - 2.131 Develops plans and employs techniques for achieving long-term and short-term goals and objectives.
 - 2.14 Selects resource materials appropriate for the methods, goals and content.
 - 2.15 Develops procedures to provide for appropriate trainee involvement in a variety of learning activities.
 - 2.16 Plans learning experiences consistent with the trainee's learning style, aptitudes, and previous experiences.
 - 2.17 Involves trainees in planning learning activities as appropriate.
- 2.2 Provides a learning environment conducive to learning.
 - 2.21 Adapts the physical setting to maximize learning.

- 2.22 Develops a social climate which facilitates and stimulates the learning process.
 - 2.221 Demonstrates a regard for and acceptance of individual trainees.
 - 2.222 Provides opportunities for students to develop qualities of leadership and self direction.
 - 2.223 Applies knowledge about individual trainees to enhance their learning opportunities.

- 3.3 Demonstrates proficiency in instructional procedures.
 - 3.31 Demonstrates skill in selecting and utilizing instructional activities.
 - 3.311 Utilizes a variety of instructional activities appropriate to the learning situation.
 - 3.312 Involves trainees in learning activities.
 - 3.32 Utilizes methods of instruction relevant to the learning goals.
 - 3.33 Conducts effective classroom discussion.
 - 3.331 Creates a climate in which trainees respond freely.
 - 3.332 Involves all participants in discussion when appropriate.
 - 3.333 Accepts and utilizes trainee responses to enhance learning.
 - 3.34 Motivates and guides trainees in individual inquiry.
 - 3.35 Demonstrates skill in conducting large and small group activities.
 - 3.36 Demonstrates skill in making assignments.

- 3.37 Assists trainees to improve study techniques.
- 3.38 Identifies and resolves learning difficulties.
- 3.39 Allows for flexibility in program in accord with changing needs of trainees.
- 4.4 Demonstrates skill in selecting and utilizing instructional resources.
 - 4.41 Utilizes varied resources related to health care to enhance learning.
 - 4.411 Utilizes various resources available from inside and outside allied health care agencies.
 - 4.42 Uses multi-media aids, devices, and resource materials to facilitate learning.
 - 4.421 Demonstrates skill in use of instructional resources.
 - 4.43 Recruits area specialists to share knowledge, expertise, and experiences to augment instruction.
- 5.5 Utilizes evaluative procedures appropriate to the performance objectives or desired outcomes.
 - 5.51 Evaluates his own instructional procedures, methods, and resources on a regular and systematic basis in relation to performance objectives.
 - 5.511 Enlists cooperation of trainees in evaluation procedures.
 - 5.512 Enlists cooperation of colleagues in evaluation procedures as appropriate.
 - 5.513 Utilizes information gained from evaluation to modify and improve teaching-learning activities.
 - 5.514 Summarizes and interprets evaluation data to appropriate persons.

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- 5.52 Utilizes a variety of techniques to evaluate trainee progress based on desired outcomes.
 - 5.521 Develops and/or uses appropriate assessment instruments and techniques.
 - 5.5211 Utilizes performance demonstrations and oral/written tests.
 - 5.522 Uses student evaluation results to provide program adjustment when appropriate.
 - 5.523 Assists each trainee to assess his own progress.

BEHAVIORALLY ANCHORED RATING SCALE
(EVALUATION INSTRUMENTS)

Scale 1. NEEDS ASSESSMENT

The family planning trainer:

- A. Designs needs assessment studies and uses the results in the planning of training activities and in the selection of trainees.
- B. Conducts training programs without identifying training needs.
- C. Uses appropriate and relevant existing data or conducts needs assessment studies on which to base training content and objectives and as a basis for the selection of trainees.
- D. Uses relevant data in relation to training needs for the planning of educational activities.
- E. Designs needs assessment studies and uses the results to select the participants for the educational activity.

DESCRIPTION OF SCALE 1 NEEDS ASSESSMENT

The purpose of training is to improve the capabilities of the human resources in order to increase their efficiency and effectiveness on the job.

Training must be seriously and systematically undertaken. To develop training activities relevant and appropriate to the needs of the organization and the employees the training activity must be preceded by an assessment of training needs.

The competent trainer will use relevant data from the organization that provides information about training needs. A trainer has to have skills in conducting needs assessment and in the use of the information in planning the training activity. The use of the information in determining training objectives and course content is very important. A trainer in family planning should encourage the staff in the use of the needs assessment in the selection of trainees.

The information on the trainer's performance in the area of needs assessment will be collected through an interview i.e. a pre-observation or post-observation conference.

SCALE 2. DEVELOPMENT OF LEARNING OBJECTIVES

The family planning trainer:

- A. Develops learning objectives based upon job expectations; encourages trainees to share in the planning for their attainment.
- B. Develops learning objectives consistent with job expectations; involves participants in clarifying objectives and in planning for their attainment.
- C. Develops learning objectives based upon job expectations; informs participants regarding the objectives.
- D. Directs classroom activities without preparing objectives.
- E. Develops some learning objectives; states them to the class.

DESCRIPTION OF SCALE 2 - DEVELOPMENT OF LEARNING OBJECTIVES

The value of developing goals and specific objectives for the class session is (1) to clearly identify the purposes of that session and (2) to provide a definitive basis for assessing their accomplishment.

The competent family planning trainer will clarify the objectives of each lesson at the outset, based on the premise that all students will be more receptive to learning if they have a clear explanation of the objectives.

The expectations of the tasks or functions of the job to be performed should be carefully explained. The use of visual or other sensory aids will serve to further guarantee clarity of the objectives.

The performance goals which then become the center of instruction are always either directly observable in terms of student performance, or indirectly measurable in terms of written examination; preferably both.

Inasmuch as the goals and objectives may apply to more than one class session, it may be necessary for the observer in the classroom to ask the trainer about them including how they were developed. This could be done in the pre-observation or post-observation conference.

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SCALE 3. SELECTION AND USE OF INSTRUCTIONAL MATERIALS

The family planning trainer:

- A. Demonstrates skill in the use of a variety of appropriate instructional materials.
- B. Makes good use of common instructional materials.
- C. Uses little or no instructional materials.
- D. Demonstrates skill in the use of a wide variety of well-selected instructional materials, appropriate for the learning activities and objectives.
- E. Makes limited use of common instructional materials.

DESCRIPTION OF SCALE 3 - SELECTION AND USE OF INSTRUCTIONAL MATERIALS

The selection and use of instructional materials should be consistent with the objectives and the learning activities. The use of appropriate instructional materials will assist in the achievement of the objectives and enhance the learning of the students.

The competent family planning trainer understands and accepts multi-media as a helpful set of tools for enhancing instruction and a distinctly enriching set of ingredients for learning.

The competent family planning trainer searches for multi-sensory instructional materials that relate directly to the goals and objectives of the session. The competent trainer carefully selects such media to enhance his presentation(s) (1) by using them to introduce new concepts, skills or understandings, and (2) to reinforce such learnings after they have first been introduced.

The observer should be alert to the variety of instructional materials used and their appropriateness for the class objectives and learning activities.

Note: The term "common" refers to the simple instructional materials which are readily available for that subject or class. "Variety" denotes several kinds of instructional materials. "A wide variety" denotes numerous kinds of instructional materials.

SCALE 4. EDUCATIONAL CLIMATE FOR LEARNING

The family planning trainer:

- A. Conducts class with evident lack of interest in students; makes no attempts to establish rapport.
- B. Establishes a stimulating learning environment; develops and maintains rapport with the class.
- C. Organizes classroom procedures based upon content to be covered; shows little regard for instructor-trainee relationships.
- D. Stresses coverage of content, shows interest in individual participants.
- E. Provides worthwhile learning experiences; demonstrates constructive relationships with trainees.

DESCRIPTION OF SCALE 4 - EDUCATIONAL CLIMATE FOR LEARNING

The educational climate within the classroom can make the learning experiences challenging, exciting, and profitable or conversely a poor educational climate can limit or restrict the enthusiasm for learning.

The competent family planning trainer is concerned with the quality of the learning environment which he establishes. He knows that trainee receptivity to learning is highest when the learning climate is comfortably encouraging and when the instructor is both friendly and accepting of the participants. A trainee who has a successful learning experience in a stimulating and pleasant social setting will want to learn.

Observers should look for such signs of a positive learning climate as: the presence of occasional smiles and even laughter; the manner in which the trainer addresses his trainees, asks questions and utilizes responses; and the way in which students react to other trainee responses. Are participants' questions invited and then dealt with forthrightly and without deprecation no matter how elementary such questions may sound at the time?

Further, the observer should look for signs of learner expectations. Such signs are reflected in a high level of student attention plus active participation in the instructional program.

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SCALE 5. VARIETY OF INSTRUCTIONAL ACTIVITIES

The Instructor:

- A. Provides a limited variety of instructional activities involving most trainees.
- B. Shows evidence of abundant and varied instructional activities consistent with the goals and objectives for all trainees.
- C. Provides a variety of appropriate instructional activities involving most participants.
- D. Uses little or no variety of instructional activities.
- E. Provides a limited variety of instructional activities involving some trainees.

DESCRIPTION OF SCALE 5 - VARIETY OF INSTRUCTIONAL ACTIVITIES

Instructional activities should be developed which are consistent with the goals and objectives for the session. These activities need to be varied because of the differences in learning styles and learning rates of these students. Further, an appropriate sequence of learning instructional activities is essential for maximum learning effectiveness.

The competent family planning trainer plans and implements a program of instruction that includes a variety of teaching activities utilizing either direct trainee experiences or vicarious experiences. Such an approach permits greater trainee involvement in the process of his own learning. Some trainees learn better in selected ways; all trainees profit from experiencing a rich selection of appropriate experiences.

Observers will want to look for varied activities as: trainer-led discussion, small group discussion, demonstration, experimentation, role-play and simulation, reading and reporting.

SCALE 6. PREPARATION FOR CLASS SESSION

The family planning trainer:

- A. Demonstrates well organized planning, including content, activities, equipment and materials.
- B. Shows limited preparation; refers frequently to printed content; lacks organization.
- C. Evidences inadequate preparation; is inaccurate and unorganized.
- D. Demonstrates adequate preparation to cope with ordinary class situations; prepares lesson plans and provides necessary materials and equipment.
- E. Demonstrates thoroughness and resourcefulness in preparation of content, learning activities, equipment and materials.

DESCRIPTION OF SCALE 6 - PREPARATION FOR CLASS SESSION

Systematic and thorough planning is vital to the success of the class session. Four elements of planning are essential to effective instruction. These are: (1) developing goals and objectives, (2) developing learning activities, (3) selecting and using instructional resources, and (4) developing evaluation procedures. The planning process should include these four elements and they should be accomplished in this sequence.

The competent family planning trainer first develops the goals or broader statements related to the purposes and expectations of the class session and then develops more specific and definitive objectives in performance terms. When these are precisely stated, there is complete clarity--for the trainer and the participants--as to the aims of the instruction.

After the goals and objectives are developed, learning activities are identified to accomplish the objectives. The learning activities may be varied for different objectives and different trainees, but they are carefully developed to serve the instructional objectives. Attention should also be given to the sequence of learning activities for the class session.

Evaluation provides assessment of participant progress, instructional skill, and the appropriateness of learning objectives. Evaluation results should be used to make necessary modifications and adjustments in the instructional program.

Observers will secure information about the goals and objectives in the pre-observation conference and note the use of learning activities, instructional resources and evaluation during the observation. In the post-observation conference, further information can be obtained concerning the evaluation procedures and use of evaluation information.

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SCALE 7. INSTRUCTIONAL METHODS

The family planning trainer:

- A. Utilizes one instructional method predominantly; relates methods to learning goals occasionally.
- B. Varies methods to some degree; shows some relevance of instructional methods to learning goals.
- C. Demonstrates a variety of instructional methods which are relevant to the learning goals.
- D. Uses one instructional method for all purposes.
- E. Uses some variation in instructional methods which are generally related to the learning goals.

DESCRIPTION OF SCALE 7 - INSTRUCTIONAL METHODS

The nature of the learning task determines to a large degree the most effective instructional methods to be used. Methods should be varied to maximize the learning of participants depending upon the nature of the content. Further, the varied learning styles of trainees indicate the need for varied instructional methods.

The competent family planning trainer gives careful attention to the compatibility and appropriateness of the methods he elects to use to achieve the learning goals he has identified as basic or otherwise important for the course of instruction.

The instructional methods will frequently permit learning to proceed from an informative approach, to the learning of concepts through actual experience. In addition, there will be clear explanations, carefully planned demonstrations and clarifying discussions along the way.

In every case, however, it is of greatest importance to the trainer and the participant that ways be found to enable the student to clearly relate the instructional methods to the knowledge and tasks to be learned.

Observers should look for instructional methods such as: lecture, lecture discussions, questioning strategy, inductive, deductive, and discovery.

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SCALE 8. INDIVIDUALIZATION OF INSTRUCTION

The family planning trainer:

- A. Arranges differentiated learning experiences to meet the educational needs and abilities of most individual trainees.
- B. Recognizes and deals with each trainee according to his educational needs, aptitude, ability and learning style.
- C. Arranges for differentiated small group learning experiences with some attention to individuals.
- D. Provides some differentiated experiences for small group.
- E. Provides the same instructional experiences for all the class.

DESCRIPTION OF SCALE 8 - INDIVIDUALIZATION OF INSTRUCTION

The backgrounds, interests, aptitudes, and understandings of learners are different; thus there is need for differentiated instruction to build upon these differences. This applies not only to content but also to procedures and rates of learning. Individualization of instruction does not mean that every trainee is doing something different, but it does take into consideration differences for individuals and groups.

When the instructor understands the needs, abilities and aptitudes of his participants, he is in the position of being able to maximize the planning of his teaching program. He directs his teaching energies into fulfilling known educational needs, using approaches that have high predictability for success--because these are tailored to the needs of his trainees.

The competent trainer attempts to maximize the learning of each individual by planning learning activities designed to be efficient and effective for him.

Observers can elicit data regarding the trainer's plan for individualization during the pre-observation conference. The implementation of such plans can then be observed and data recorded during the classroom observation.

Observers should be alert to evidence of differentiated learning activities and assignments for different individuals and groups of trainees. Further information and clarification about individualization of instruction can be gained through the post-observation conference.

SCALE 9. OPPORTUNITY FOR STUDENT PARTICIPATION

The family planning trainer:

- A. Elicits participant responses in trainer-led discussion and activities; provides opportunities for some additional student participation.
- B. Encourages trainee participation; involves many trainees in discussion and/or other activities.
- C. Provides abundant and varied opportunities for individual and group participation in discussion and other activities.
- D. Lectures virtually all the time; does not involve trainees.
- E. Dominates classroom activities allowing trainees to respond only when called upon.

DESCRIPTION OF SCALE 9 - OPPORTUNITY FOR TRAINEE PARTICIPATION

Trainee participation is vital in any learning situation. Effective learning situations should provide for maximum trainee involvement. Dynamics of the learning environment are greatly enhanced by effective trainee involvement and active participation in the learning activities.

The competent trainer understands the differences between passive and active learning, and the activities that attend them. The difference between intellectualizing a new skill or concept and learning through actual experience and performance is recognized. Competent trainers are always seeking ways to provide the best of both approaches in order to maximize learning. In such classrooms, one will not only hear lucid and organized explanations by the trainer, but will also note the freedom to ask questions and make comments which is afforded the trainees.

The competent trainer develops the learning situation to accomodate effective interaction--participant trainer and trainee. Therefore the observer should note opportunities for trainees to participate and share in group discussions and appropriate cooperative performance activities. Trainee participation is further enhanced by trainers who skillfully utilize and build upon trainee input of questions and comments.

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SCALE 10 INSTRUCTOR REACTION TO STUDENT RESPONSE

The family planning trainer:

- A. Creates an atmosphere in which trainees express ideas and ask questions; encourages and extends trainee responses.
- B. Discourages expression of trainee response; criticizes incorrect trainee response; ignores most trainee questions.
- C. Accepts trainee responses to trainee questions; permits limited trainee questions or discussion
- D. Encourages trainee responses; utilizes some trainee questions to extend learning.
- E. Solicits trainee responses to extend learning; utilizes answers, questions and discussion.

DESCRIPTION OF SCALE 10 - TRAINER REACTION TO TRAINEE RESPONSE

The trainer sets the tone and climate of the classroom. He can create a climate that will promote open communication and participation resulting in stimulation to learn or he can provide a setting wherein trainees will be reluctant to participate through active inquiry but will acquiesce into silent inaction. If the trainer accepts and uses trainee responses, he encourages trainee inquiry and adds a dynamic dimension to the teaching/learning process.

In a climate where trainees are encouraged to raise questions, express their opinions and offer suggestions, the trainer can evaluate the extent and impact of past learning activities. He can also discover relevant aspects of instruction that were either overlooked or misunderstood. It then becomes possible to channel meaningful knowledge into the immediate learning setting, thus giving relevance as well as enlightened timing to the pursuit of instructional objectives.

The competent family planning trainer not only attempts to draw out trainee opinion and questions, but he works to develop an increasing skill in doing so.

The observer should note the way in which trainee questions and responses are received and used by the trainer to provide clarity about the subject and to enhance trainee inquiry.

SCALE 11. LEARNING DIFFICULTIES

The family planning trainer:

- A. Provides limited help for obvious learning difficulties.
- B. Demonstrates skill in identifying learning difficulties; assists individuals and groups to resolve them.
- C. Conducts the class without regard to obvious learning difficulties.
- D. Provides individual and group instruction for most cases of learning difficulties.
- E. Identifies some learning difficulties; uses group instruction to assist trainees.

DESCRIPTION OF SCALE 11 - LEARNING DIFFICULTIES

The competent family planning trainer remains constantly aware of the differences in abilities among trainees in most learning groups. He thus develops his concern for the individual learner and develops skill in identifying learning difficulties.

Learning difficulties are defined as those factors or conditions that impede learning in the classroom over which the trainer has some control and thus could remedy the difficulty at least to some extent. These would include such things as recognition of sight and learning difficulties of learners that could be dealt with by moving the learner to another place within the classroom. One kind of learning difficulty could be the inability of a learner to proceed with an assignment or to understand a concept which the trainer could recognize and proceed to remediate it by some corrective action. Slow readers, as well as slow learners need help, but so also do the immature, the shy, the aggressive, the very bright and the emotionally upset.

Learning difficulties exist within the classroom and can be recognized by the competent trainer and then conditions can be modified so that the learner(s) can progress. These should not be confused with "learning disabilities" which are outside the purview of the trainer and which are of greater intensity or more permanent nature such as severe psychological or emotional problems. Thus, instructional competence includes those factors with which the trainer can cope--those over which the trainer has some control.

Several factors are important here, but the observer should look for two that are basic: (1) Does the trainer identify the learning difficulties of the students? and (2) Does the trainer make adjustments and utilize procedures to correct the learning problems so that participants have a greater chance of learning success?

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SCALE 12. EVALUATION OF STUDENT PROGRESS

The family planning trainer:

- A. Assesses individual and group progress based on objectives; makes some modification in the program from evaluation data.
- B. Makes no attempt to evaluate individual or group progress.
- C. Makes regular use of accepted procedures to evaluate each trainee's progress based on objectives; modifies program as needed according to evaluation data.
- D. Evaluates group progress periodically; makes minor adjustments in the program based on evaluation data.
- E. Makes general evaluation of the achievement of the total class only at the end of the course.

DESCRIPTION OF SCALE 12 - EVALUATION OF TRAINEE PROGRESS

The competent family planning trainer carefully develops procedures and materials for use in evaluating individual trainee progress toward the achievement of the predetermined objectives of instruction. Further, the trainer will attempt to modify his program in terms of such periodic assessments of trainee achievement.

Evaluation of trainee progress in learning is viewed as a diagnostic tool that enables the competent trainer to adjust his program of instruction to the interest levels and capabilities of his trainees. He accepts the premise that the major goal of evaluation is to maximize each trainee's achievement.

Assessment of trainee progress and performance may be approached in a variety of useful ways. Formal written examinations are a good means to ascertain the degree to which trainees have learned certain facts and concepts. Perhaps the best way to assess skill development is to challenge the trainee with real or simulated problem situations and observe him as he actually performs. In some situations it is very effective to engage in a discussion with the class, or with individual trainees in order to determine whether certain intended insights and understandings have developed.

In the interview, questions should be developed to ascertain the methods used by the instructor to assess trainee progress and to determine if trainee learning is constantly being evaluated. Further, questions should elicit information regarding modification of instruction based upon student evaluation data.

OBSERVATION DATA SHEET

Type of Training _____ Trainer _____

Subject Topic _____ Venue _____

Date _____ Observer/Rate(s) _____

DIMENSION	REMARKS	RATING
2. Development of Learning Objectives (Do you observe classroom goals being noted?)		<input type="checkbox"/>
3. Selection and Use of Instructional Materials (What type of instructional materials do you see being utilized?)		<input type="checkbox"/>
4. Educational Climate for Learning (What is the classroom environment? is it conducive to learning, what makes it conducive?)		<input type="checkbox"/>
5. Variety of Instructional Activities (What types of instructional activities?)		<input type="checkbox"/>
6. Preparation for Class Session (Was the Instructor prepared, data to support answer?) Eg. objectives, equipment, materials, handouts, etc.		<input type="checkbox"/>
7. Instructional Methods (What types of instructional methods?) (Similar to #4)		<input type="checkbox"/>
8. Individualization of Instruction (How does the instructor meet the needs of the individual student?)		<input type="checkbox"/>
9. Opportunity for Student Participation (How does the Instructor provide the opportunity?)		<input type="checkbox"/>
10. Instructor Reaction to Student Response (What happens when student responds?)		<input type="checkbox"/>
11. Learning Difficulties (Do you see any learning difficulties, what happens?)		<input type="checkbox"/>

TRAINER PROFILE

INSTRUCTOR COMPETENCE PROFILE		Scale No.	5	4	3	2	1
Observation Scales	* 1. Needs Assessment	1	C	A	D	E	B
	2. Development of Learning Objectives	2	B	A	C	E	D
	3. Selection and Use of Instructional Materials	3	D	A	B	E	C
	4. Educational Climate for Learning	4	B	E	D	C	A
	5. Variety of Instructional Activities	5	B	C	A	E	D
	6. Preparation for Class Session	6	E	A	D	B	C
	7. Instructional Methods	7	C	E	B	A	D
	8. Individualization of Instruction	8	B	A	C	D	E
	9. Opportunity for Trainee Participation	9	C	B	A	E	D
	10. Instructor Reaction to Trainee Response	10	A	E	D	C	B
	11. Learning Difficulties	11	B	D	E	A	C
	* 12. Evaluation of Trainee Progress	12	C	A	D	E	B

*Interview scales

Date Completed _____
Completed by Respondent? (Y/N) _____
Course ID # _____

INTRAH BIODATA FORM

1. Surname _____
2. Maiden Name (if married) _____
3. Other names _____
4. Sex (Circle One) Male Female 5. Age in Years _____
6. Address (Home) _____

7. Address (Business) _____

8. Country of Residence _____
- 9.1 Number of years of formal education:
 - _____ a. None
 - _____ b. Fewer than 8
 - _____ c. 9 to 12
 - _____ d. More than 12
- 9.2 Job Title _____

10. If you have received a professional diploma, certificate, or university level degree, please indicate your degree area and duration of your professional training in months:

a. For Medical and Health Personnel

Length of Training (months)	Field of Accreditation
_____	a. Nursing
_____	b. Midwifery
_____	c. Public Health Nursing
_____	d. Medicine
_____	e. Other Medical or Health, (Please specify)

b. For Non-Medical and Non-Health Personnel

Length of Training (months)	Degree Area
_____	g. Education
_____	h. Social Work/Social Sciences
_____	i. Physical and Biological Sciences
_____	j. Administration (Business)
_____	k. Other Non-Health (Please specify)

11. For persons WITHOUT a professional diploma, certificate, or university level degree, indicate any area in which you have had formal training and duration of that training in months. (Check all that apply.)

Length of Training
(months)

Training Area

- a. Patient Attendance
 - b. Traditional Birth Attendant
 - c. Information/Education/Communication
 - d. Motivation
 - e. Community Work
 - f. Other (Please Specify)
-

12. If you completed in-service or refresher training in any of the following areas, please check any that apply and indicate on the right the length and approximate completion of training in each area.

	Length of Training (months)	Date of completion (year)
<input type="checkbox"/> a. Management/ Supervision of Family Planning Programs	a. <input type="text"/>	<input type="text"/>
<input type="checkbox"/> b. Evaluation of Family Planning	b. <input type="text"/>	<input type="text"/>
<input type="checkbox"/> c. Non-clinical Family Planning Service Delivery Skills	c. <input type="text"/>	<input type="text"/>
<input type="checkbox"/> d. Clinical Family Planning Service Delivery Skills	d. <input type="text"/>	<input type="text"/>
<input type="checkbox"/> e. Natural Family Methods	e. <input type="text"/>	<input type="text"/>
<input type="checkbox"/> f. Information/ Education/Communi- cation for Family Planning	f. <input type="text"/>	<input type="text"/>
<input type="checkbox"/> g. Other (specify)	g. <input type="text"/>	<input type="text"/>

13. What is the area of your major job responsibility?
(Check one only)

- a. Provision of clinical medical or nursing services
of Public Health Services
- b. Communication/Information/Motivation
- c. Planning/Administration/Management/Supervision/
Evaluation
- d. Training/Teaching/Tutoring
- e. Other (please specify) _____

14. Which of the following describe tasks you perform in Family Planning and how long have you performed these tasks? (Check all that apply)

Tasks

How long have you done this task?
(years) (months)

- ___ a. Counselling and/or client education a. | _____ | _____ |
- ___ b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections) b. | _____ | _____ |
- ___ c. Provision of Non-clinical Methods (condoms, foaming tablets, foam) c. | _____ | _____ |
- ___ d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous) d. | _____ | _____ |
- * ___ e. Supervision of Family Planning Services e. | _____ | _____ |
- ___ f. Management of Family Planning Service System f. | _____ | _____ |
- ___ g. Planning/Evaluation of Family Planning Services g. | _____ | _____ |
- ___ h. Policy Making/Direction of Family Planning Services h. | _____ | _____ |
- ___ i. Community Based Distribution of Contraceptives i. | _____ | _____ |
- ___ j. Community Based Outreach, Education or Information j. | _____ | _____ |
- ___ k. In-Service Training in Family Planning k. | _____ | _____ |
- ___ l. Pre-Service Teaching/Tutoring in Family Planning l. | _____ | _____ |
- ___ m. Other (Please specify) m. | _____ | _____ |

15. Where is your primary work site? (Check one)

- a. National Administrative/Planning/Evaluation Unit or Center
- b. Regional, Provincial, District or Local Administrative/Planning/Evaluation Unit or Center
- c. Clinic/Dispensary/Hospital, not specifically or primarily Family Planning
- d. Clinic/Dispensary/Unit in Hospital, specifically Family Planning
- e. Teaching or Training Institution
- f. Teaching or Training Unit
- g. Community
- h. Other (please specify)

16. Is the setting in which you work: (check one)

- a. A public governmental organization
- b. A public non-governmental or voluntary organization
- c. A private sector organization?

17. Is the setting in which you work:

Urban Rural Both?

18. To the best of your knowledge have you attended any other INTRAH sponsored course or courses?

Yes --> Date of Most Recent (mo) _____ (yr) _____
Topic(s) _____

No

19. Have you participated as a trainer or co-trainer during the last year? _____ Yes _____ No

If you have participated as a trainer/co-trainer, please check any that apply and indicate on the right the length, approximate completion of training, number of trainees and if the training was funded by INTRAH.

		Length of Training (months)	Date of completion (year)	Number of trainees	Did INTRAH Fund it
___	a. Management/ Supervision of Family Planning Programs	a.			
___	b. Evaluation of Family Planning	b.			
___	c. Non-clinical Family Planning Service Delivery Skills	c.			
___	d. Clinical Family Planning Service Delivery Skills	d.			
___	e. Natural Family Methods	e.			
___	f. Information/ Education/ Communication for Family Planning	f.			
___	g. Other (specify below)	g.			

APPENDIX E

LIST OF MATERIALS PROVIDED

Stinson, Wayne. Primary Health Care Issues (Information Systems).
American Public Health Association, International Health
Programs, 1983.

World Fertility Survey (Major Findings and Implications).
Alden Press Oxford, London and Northampton, 1984.

APPENDIX F

EVALUATION INSTRUMENTS AND RESULTS

INTRAH PARTICIPANT REACTION FORM

For each set of statements below, please check the one that **best** describes your feelings about this training.

1. Workshop objectives were:

- | | | | | |
|---------------|-----------------|-------------------|-------------------|---------------------|
| a. Very clear | b. Mostly clear | c. Somewhat clear | d. Not very clear | e. Not clear at all |
| 8 | 6 | 1 | | |

2. Workshop objectives seemed to be achieved:

- | | | | | |
|-------------|-----------|-------------|------------------|---------------|
| a. Entirely | b. Mostly | c. Somewhat | d. Hardly at all | e. Not at all |
| 5 | 8 | 1 | | |

3. With regard to workshop material (presentations, handouts, exercises) seemed to be:

- 9 a. All material was useful
- 6 b. Most materials were useful
- ___ c. Some material was useful
- ___ d. Little material was useful
- ___ e. No material was useful

4. Workshop material presented was clear and easy to follow:

- | | | | | |
|-----------------|----------------------------|------------------------|----------------------------|---------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| 8 | 6 | 1 | | |

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5. The amount of material covered during the workshop was:

- | | | | | |
|--------------------------------|--------------------------------|---------------------------------|-------------------------------|-------------------------------|
| a. Too much | b. Somewhat too much | c. Just about right | d. Somewhat too little | e. Too little |
| <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="13"/> | <input type="text" value=""/> | <input type="text" value=""/> |

6. The amount of time devoted to the workshop was:

- | | | | | |
|-------------------------------|--------------------------------|---------------------------------|--------------------------------|-------------------------------|
| a. Too much | b. Somewhat too much | c. Just about right | d. Somewhat too little | e. Too little |
| <input type="text" value=""/> | <input type="text" value="1"/> | <input type="text" value="13"/> | <input type="text" value="1"/> | <input type="text" value=""/> |

7. For the work I do or am going to do, this workshop was:

- | | | | | |
|---------------------------------|--------------------------------|--------------------------------|-------------------------------|-------------------------------|
| a. Very useful | b. Mostly useful | c. Somewhat useful | d. Not very useful | e. Not useful at all |
| <input type="text" value="12"/> | <input type="text" value="2"/> | <input type="text" value="1"/> | <input type="text" value=""/> | <input type="text" value=""/> |

8. Possible solutions to real work problems were dealt with:

- | | | | | |
|--------------------------------|--------------------------------|--------------------------------|--------------------------------|-------------------------------|
| a. All the time | b. More than half the time | c. About half the time | d. Less than half the time | e. None of the time |
| <input type="text" value="5"/> | <input type="text" value="4"/> | <input type="text" value="3"/> | <input type="text" value="3"/> | <input type="text" value=""/> |

9. In this workshop I learned:

- 7 a. many important and useful concepts,
- 2 b. several important and useful concepts,
- 6 c. some important and useful concepts,
- d. a few important and useful concepts,
- e. almost no important or useful concepts.

10. In this workshop I had an opportunity to practice:

- 2 a. many important and useful skills,
- 6 b. several important and useful skills,
- 6 c. some important and useful skills,
- 1 d. a few important and useful skills,
- e. almost no important or useful skills.

11. Workshop facilities and arrangements were:

a. Very good b. Good c. Acceptable d. Barely acceptable e. Poor

| 3 | | 10 | | 2 | | | | |

12. The trainer/trainers for this workshop was/were:

a. Very effective b. Effective c. Somewhat effective d. Not very Effective e. Not effective at all

| 8 | | 7 | | | | | | |

13. The trainer/trainers for this workshop encouraged me to give my opinions of the course:

a. Always b. Often c. Sometimes d. Rarely e. Never

| 9 | | 5 | | 1 | | | | |

14. In providing information about my progress in training, the trainer/trainers for this workshop were:

a. Very effective b. Effective c. Somewhat effective d. Not very effective e. Not effective at all

| 3 | | 7 | | 4 | | 1 | | |

15. 13 a. I would recommend this workshop without hesitation,

2 b. I would probably recommend this workshop

___ c. I might recommend this workshop to some people

___ d. I might not recommend this workshop

___ e. I would not recommend this workshop.

12/1

16. Please check any of the following that you feel could have improved the workshop.

- 7 a. Additional time for the workshop
- b. More limited time for the workshop
- 2 c. Use of more realistic examples and applications
- 9 d. More time to practice skills and techniques
- 4 e. More time to become familiar with theory and concepts
- f. More effective trainers
- 2 g. More effective group interaction
- 5 h. Different training site or location
- i. More preparation time outside the training sessions
- 1 j. More time spent in actual training activities
- k. Concentration on a more limited and specific topic
- 2 l. Consideration of a broader and more comprehensive topic
- m. Other (specify) _____

17. Below are several topics that were presented in the workshop. Please indicate the usefulness of the topics to you in the scale at right.

	very useful			hardly useful	
	1	2	3	4	5
a. _____					
b. _____					
c. _____					
d. _____					
e. _____					
f. _____					
g. _____					
h. _____					
i. _____					
j. _____					

18. For the following techniques or resources, please check the box on the right that best describes your view of their usefulness for your learning in this workshop.

Techniques/ Resources	very useful			hardly useful		does not apply 6
	1	2	3	4	5	
a. lectures	7	5	1	1		<input type="checkbox"/>
b. group discussions	13	2				<input type="checkbox"/>
c. individual exercises	8	3	3			<input type="checkbox"/>
d. group exercises	12	3				<input type="checkbox"/>
e. clinical sessions						<input checked="" type="checkbox"/>
f. field trips						<input checked="" type="checkbox"/>
g. handouts/readings	8	4	2	1		<input type="checkbox"/>
h. books	4	7	1	1		<input type="checkbox"/>
i. audio-visuals						<input checked="" type="checkbox"/>

19. From the list below, please indicate the three (3) areas in which you feel additional training in a future course would be most useful to you.

- a. Counselling and/or client education
- 2 b. Provision of Clinical Methods (IUDs, pills, diaphragms, injections)
- c. Provision of Non-clinical Methods (condoms, foaming tablets, foam)
- d. Provision of Natural Family Planning Methods (rhythm, sympto-thermal, mucous)
- 3 e. Supervision of Family Planning Services
- 10 f. Management of Family Planning Service System
- 11 g. Planning/Evaluation of Family Planning Services
- 7 h. Policy Making/Direction of Family Planning Services
- 3 i. Community Based Distribution of Contraceptives
- 1 j. Community Based Outreach, Education or Information
- 1 k. In-Service Training in Family Planning
- l. Pre-Service Teaching/Tutoring in Family Planning
- m. Other (specify) _____

20. Additional Comments: _____

Feel free to sign your name. (Optional)

May, 1985

INTRAH EVALUATION WORKSHOP, 1986
PRE-POST TEST

This test will help us to obtain baseline information about your knowledge of program evaluation. We need you to write your name in the space provided to compare pre-post test results. You will have about 30 minutes to complete the test.

Name

Date

Multiple Choice

1. The major focus of INTRAH's evaluation activity will be:
 - a. Assessing the quality of training in host-country medical and nursing schools.
 - b. Assessing the quality of training being provided in INTRAH sponsored training courses.
 - c. Assessing the effectiveness of INTRAH sponsored training through trainee follow-up.
 - d. Assessing the extent to which country leaders accept INTRAH support.
 - e. Assessing the extent to which INTRAH assistance is associated with increased FP capabilities in host countries.
 - f. a, c, and d above.
 - g. b, c, and e above.
 - h. All of the above.

2. Formative evaluation refers to:
 - a. The need to form evaluation groups before proceeding.
 - b. Evaluation that will effect subsequent program activity.
 - c. Evaluation of the form of a process, rather than the content.
 - d. The process of recording evaluation activity.

3. Summative evaluation refers to:

- a. Evaluation of the content of a process, rather than the form.
- b. Evaluation that is carried out to determine if evaluation groups should be formed.
- c. Retrospective evaluation.
- d. Quantitative evaluation.

4. Match the terms on the left with those on the right that are most closely associated. (More than one term on the left may match with a term on the right, but not all terms need match.)

- | | | |
|------------------|-------|---------------|
| a. Relevance | _____ | a. Input |
| b. Progress | _____ | b. Goals |
| c. Efficiency | _____ | c. Outcome |
| d. Effectiveness | _____ | d. Output |
| e. Impact | _____ | e. Process |
| | | f. Objectives |
| | | g. Needs |
| | | h. Activities |

5. Training, as a condition for the improvement of FP activities in a country is most likely

- | | |
|---------------------------|--------------------------|
| a. A necessary condition | c. A dependent condition |
| b. A sufficient condition | d. A terminal condition |

6. Baseline, in evaluation terms refers to:

- a. The document prepared as a result of the initial assessment of a situation before program intervention begins.
- b. The line at the bottom of a Gantt Chart that is used to keep track of the time that a program is in operation.
- c. The back line on a tennis court.
- d. The original program document, describing what the program is designed to do.

7. The criteria for establishing cause-effect relationships are:
 - a. Means and ends.
 - b. Input, process and output.
 - c. Cost benefit and cost effectiveness analysis.
 - d. Association, time ordering and elimination of other variables.

8. In an evaluation design, a confounding variable is:
 - a. A factor whose effect cannot be separated from the effect of the program intervention.
 - b. A person who is unwilling to participate in the activities of the evaluation.
 - c. Problems such as the inability to obtain enough money to carry out the planned evaluation design.
 - d. The result of backward step-wise regression analysis.

9. A before-after evaluation design is less effective than an experimental-control group design in that the former:
 - a. Requires a much larger study group.
 - b. Cannot differentiate the importance of simultaneous events not produced by the program being evaluated.
 - c. Assume homogeneity, matching or random selection of the study population into the two groups.
 - d. Is often much more difficult to describe to decision makers.

10. A before-after evaluation design is more effective than an experimental-control group design in that the latter:
 - a. Requires a much larger study group.
 - b. Cannot differentiate the importance of simultaneous events not produced by the program being evaluated.
 - c. Assumes homogeneity, matching or random selection of the study population into two groups.
 - d. Is often much more difficult to describe to decision makers.

11. Ideally, the INTRAH project is designed to train:
 - a. Community health workers only.
 - b. Community health workers, nurses, midwives, and auxiliary health workers.
 - c. Physicians, community health workers, nurses, midwives, and auxiliary health workers.
 - d. There are no limits on the types of persons that INTRAH trains.

12. A T test is:
 - a. A test to determine if an area is ready for a particular (T)raining intervention.
 - b. A test to determine if a woman is a proper candidate for the fitting of a copper T.
 - c. A test of the statistical difference between the means of two groups.
 - d. A test given at the end of a training event to see how effective the training was.

13. Regression Analysis is:
 - a. Analysis by a physician of why a woman gives up on a contraceptive technique after she has begun to use it.
 - b. A method for establishing simultaneously, association among a number of independent variables and a single dependent variable.
 - c. An analysis technique that allows the planning of the optimal set of activities in carrying out an evaluation of a large scale program.
 - d. None of the above.

14. A non-parametric test has the advantage over a parametric test of:

- a. Not requiring as much time for the persons being tested.
- b. Giving a much more precise and clear estimate of the situation.
- c. Not assuming any underlying characteristics to the data.
- d. All of the above.

15. The major advantage of a probability over a non-probability sample is that:

- a. A probability sample is much less expensive to take.
- b. A probability sample can provide an estimate of its own accuracy.
- c. A probability sample can be selected by a person with only a little training.
- d. A probability sample is likely to be much smaller.

16. Any good sample must be:

- a. At least 2% of the population.
- b. At least 10% of the population.
- c. At least 50% of the population.
- d. Is not related to population size.

17. If one wished to take a good sample of families from a large, scattered population living in many small widely separated villages but where it is expected that all villages would be quite similar, one would be advised to use:

- a. Simple random sampling.
- b. Stratified sampling.
- c. Cluster sampling.
- d. Haphazard Sampling.

18. An F test is:

- a. A test of fertility for younger women.
- b. A test to determine whether an evaluation program will fit a particular program design.
- c. A test of the evaluation program that is given at the final point in the intervention.
- d. A test of the relationship between explained variance and error variance.

19. Evaluation is the collection and analysis of information by various methodological strategies to determine the (select one of the following):

- a. Relevance of program activities
- b. Progress of program activities
- c. Efficiency of program activities
- d. Effectiveness of program activities
- e. Impact of program activities
- f. All of the above

20. Select three of the following factors which most contribute to the non-use of evaluation as a decision tool?

- a. Lack of funds
- b. Timeliness of study findings
- c. Relevance
- d. Generality
- e. Alternative decision making efforts
- f. Personality conflict between researchers and administrators

21. Performance appraisal refers to: (Select one)
- a. Identification of measurement factors or criteria against which to evaluate performance, measurement of performance against such criteria, review of performance levels obtained by individuals, and development of subsequent performance.
 - b. Systematic measurement of organizational functioning from the perspective of the behavioral system, using scientific methods and procedures and characterized by the measurement of a range of variables encompassing the functioning of total organization in making use of multiple methods of measurement over time.
22. Which of the following are considered performance based criteria?
- a. Initiative
 - b. Work quality
 - c. Attendance
 - d. All of the above
 - e. None of the above
- 23 Behavioral anchored rating scales use:
- a. Summated scale format
 - b. Checklist format
 - c. Ranking format
24. "Critical incidents" are events which:
- a. Discriminate between successful and unsuccessful performance
 - b. Are critical to the success of the job
 - c. All of the above
 - d. None of the above

25. "Data quality checks" are part of the:

- a. Data processing activity
- b. Questionnaire design
- c. Data collection
- d. All of the above
- e. None of the above

26. Coding values that are not specified in CODING instructions are termed:

- a. Illegal codes
- b. Omissions
- c. Logical inconsistencies
- d. Improbabilities

27. Match the items in column II with the appropriate item in column I.

I	II
INPUTS: ___ ___	a. training curriculum
	b. nurses trained
OUTPUTS: ___ ___	c. leading a discussion
	d. trainers
PROCESSES: ___ ___	e. ability to insert I.U.D.'s
	f. giving feedback
EFFECTS/OUTCOMES	g. 10 lectures presented
	h. knowledge of appropriate family planning methods

MULTIPLE CHOICE

28. Which of the following methods could be used to assess training events?

- a. reaction forms
- b. observations
- c. materials review
- d. all of the above

29. Which of the following statements is incorrect:

- a. Goals are broad statements of program purpose.
- b. Needs assessments identify the services a population would use.
- c. Goals depend on many activities for their accomplishment
- d. Objectives and goals are exactly the same
- e. Problems are defined as needs to be addressed when they become very severe
- f. a, b, e
- g. b, c, d
- h. b, d, e

30. In developing pre-post tests, we use an item specification table to:

- a. establish a sequence for the test items
- b. eliminate repetition of test items
- c. reflect the course content and outcomes expected
- d. establish a scoring system for the test results

31. Number the items below to form a hierarchy of trainee learning outcomes. Number them in the order of complexity, starting with number 1 for the least complex.

Synthesis

Comprehension

Knowledge

Evaluation

Analysis

32. The steps of an evaluation process (a process for planning, designing, and managing an evaluation) are listed below. Arrange them in the order in which they would most logically be performed by placing a 1 next to the first step, 2 next to the second, etc.

- Defining the evaluation criteria and measures
- Selecting the study sample
- Developing a work plan for conducting the study
- Determining the use's need
- Developing the data collection instruments

33. Select the items which make up a measureable program objective:

- a. participant characteristics
- b. behavioral outcomes
- c. target dates
- d. program resources
- e. description of program activities
- f. a, c
- g. b, c, d
- h. b, c

34. Data on the prevalence of diarrhea is collected to decide if a preventive program is necessary. The statement above is related to the following type of evaluation:
- a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact
35. The number of new family planning methods acceptors is compared with the proportion of acceptors stated in the objectives for the year. This is an example of the following type of evaluation:
- a. effectiveness
 - b. efficiency
 - c. relevance
 - d. progress
 - e. impact
36. The first step in designing a questionnaire is:
- a. to construct a preliminary version.
 - b. to list the type of data needed.
 - c. to develop a (training) protocol.
 - d. to specify the objectives of collecting information.

37. Reliability of data from observation can be increased if:
- a. observers are trained effectively
 - b. significant elements to be considered in the situation are stated before the observation session.
 - c. more than one observer is used at the same time.
 - d. the recording of observations always occurs at the time of observation.
 - e. all of the above.
 - f. a, b, c.
38. Reliable family planning service statistics:
- a. can be used for formative evaluation of a family planning training activity.
 - b. can serve as an indicator of a family planning training outcome.
 - c. are indicative of an increase in family planning methods acceptors.
 - d. none of the above.
39. The most accurate and useful performance appraisal system should:
- a. use a numerical rating scale
 - b. be based in the particular job dimensions (roles) of the staff.
 - c. not be changed at least during the first five years of implementation.
 - d. should measure personality traits important to the job.

11

40. Research in the use of BARS to assess performance of health staff has demonstrated that:
- a. it is worthless for this type of staff.
 - b. feedback based on BARS can have a significant and constructive effect on an employees subsequent job performance.
 - c. provides litte discriminant reliability on measuring different performance dimensions.
 - d. it produces a meaningful and reliable assessment of employee job performance.
 - e. b and e
 - f. a and c
 - g. b, c, and d
41. An effective trainer should have a high degree of competence in:
- a. formulating goals and objectives consistent with job expectation.
 - b. selecting methods and instructional activities appropriated to learning objectives.
 - c. adapting the physical setting to facilitate learning.
 - d. developing an adequate social climate.
 - e. all of the above.
42. The impact evaluation for INTRAH training activities will be based primarily on:
- a. a comparison of infant and maternal mortality rates in areas where training has occurred and areas where it has not.
 - b. a time series analysis of changes in family planning acceptors and users.
 - c. a before and after comparison of providers and use of family planning services.
 - d. a before and after comparison of infant and maternal mortality rates.

STATISTICAL COMPARISON OF
PRE- AND POST-TEST SCORES

	PRE	POST	D	D ²
Akin-Dahunsi	34	45	11	121
Bodede	31	41	10	100
Gatei	34	33	-1	1
Gitau	35	36	1	1
Grafilo	46	48	2	4
Isama	44	46	2	4
Kabwegyere	26	40	14	196
Kamau	41	43	2	4
Kimani	47	46	-1	1
Nzabanita	38	37	-1	1
Parma	38	43	5	25
Rushota	35	40	5	25
Taylor	31	40	9	81
Vincent		44		
Yumkella		43		

SUM D	58
SUM D ²	564
SUM D/n	4.4615
s.e.D	1.3987
T	3.1895
P>	0.05

81