

9363021

PDHIT-979

12-46347



# intraH

## Trip Report

# 0-99

### Travelers:

Dr. James Veney, INTRAH Evaluation Officer  
Dr. Marcia Angle, INTRAH Research Assistant  
Dr. Margarita Miranda, INTRAH Consultant

**Country Visited:** THAILAND

**Date of Trip:** May 9-24, 1986

**Purpose:** To conduct an evaluation training follow-on workshop to the May/July 1985 Chapel Hill-based evaluation course sequence for evaluation specialists from the Asia Region

Program for International Training in Health  
208 North Columbia Street  
The University of North Carolina  
Chapel Hill, North Carolina 27514 USA

**TABLE OF CONTENTS**

**EXECUTIVE SUMMARY ..... i**

**SCHEDULE DURING VISIT ..... iv**

**I. PURPOSE OF TRIP ..... 1**

**II. ACCOMPLISHMENTS ..... 2**

**III. BACKGROUND ..... 4**

**IV. DESCRIPTION OF ACTIVITIES ..... 5**

**V. FINDINGS AND CONCLUSIONS ..... 7**

**VI. RECOMMENDATIONS ..... 7**

**APPENDICES**

**Appendix A**  
**Persons Contacted**

**Appendix B**  
**Workshop Participants**

**\*Appendix C**  
**Workshop Curriculum**

**\*\* Appendix D**  
**Materials Developed During the Workshop**

**\*\* Appendix E**  
**INTRAH Materials Distributed**

**Appendix F**  
**Evaluation Materials**

**Appendix G**  
**Performance Appraisal Format Form**

**Appendix H**  
**Agenda for May 22 Meeting on TBA Project Evaluation**

\* Exercises, lecture outlines and working documents are on file with INTRAH Program Office.

\*\* On file with INTRAH Program Office

## LIST OF ABBREVIATIONS USED IN THIS REPORT

ANM	Auxiliary Nurse Midwife (Supervisor of traditional birth attendants. Stationed at the health post level in Nepal.)
BARS	Behaviorally-Anchored Rating Scale (technique of performance appraisal)
CRS	Contraceptive Retail Sales Company, Nepal
DFH	Division of Family Health, Ministry of Public Health, Thailand
DON	Division of Nursing, Ministry of Health, Nepal
DORC	Development Oriented Research Center (INTRAH's Agent in Nepal)
FPASL	Family Planning Association of Sri Lanka
ICHSDP	Integrated Community Health Services Development Project, Ministry of Health, Nepal
IMCH	Institute of Maternal and Child Health, Philippines
MOH	Ministry of Health
MOPH	Ministry of Public Health
PHN	Public Health Nurse (Supervisor of auxiliary nurse midwives. One is stationed in each district.)
TBA	Traditional Birth Attendant

**EXECUTIVE SUMMARY**

Dr. James E. Veney, INTRAH Evaluation Officer and Professor of Health Policy and Administration, UNC/CH; Dr. Margarita Miranda, INTRAH consultant; and Dr. Marcia Angle, INTRAH Research Assistant, travelled to Bangkok, Thailand from May 12 to 21 to conduct the Asia Region Follow-On Evaluation workshop to the evaluation course sequence held in Chapel Hill, N.C. from May to July, 1985. Fourteen evaluation specialists from four Asian countries (Nepal, Philippines, Sri Lanka and Thailand) and one from Sierra Leone (representing the Africa Region) attended the workshop. In addition, one Canadian nurse-midwife resident working in Nepal, and one American nurse-midwife working with the Division of Family Health, Ministry of Public Health, Thailand attended the workshop. Two persons who attended the 1985 Chapel Hill course sequence, one from Nepal and one from Sri Lanka, were not able to attend the Bangkok follow-on.

The activities of the workshop concentrated on three areas of concern: a review of evaluation activities in each representative country since the 1985 Chapel Hill course sequence, techniques and strategies for assessing training impact, and the development of a prototype instrument for assessing trainee performance in three areas: motivation, community-based distribution of contraceptives and health clinic distribution of oral contraceptives. A major part of the workshop was devoted to chronicling the progress of each country represented in regard to evaluation of INTRAH in-country training activities.

Briefly, country status is as follows:

**Nepal:** Two major training projects are under way in Nepal, through the Ministry of Health-one for the training of TBAs with the Division of Nursing and one for the training of managers, accountants and storekeepers with the MCH/FP Project. A fourth project for the training of traditional medical practitioners is also in progress with the Nepal CRS Company. In general, INTRAH expectations for evaluation are understood and are being followed. Difficulties existing in Nepal which still must be resolved are: 1) shortage of personnel in all projects to carry out evaluation activities, and 2) unclear lines of responsibility. Additional problems concerning the use of the INTRAH biodata and participant reaction forms still include: accurate translation, the logistics of administering and retrieving the forms, and compilation of the data by DORC for transmission to INTRAH.

**Sri Lanka:** The FPASL, with whom INTRAH is contracting for the training of village volunteers in community-based FP/MCH, has a clear understanding of INTRAH expectations for evaluation and is carrying out an appropriate evaluation plan. It is not likely that any significant technical assistance will be required for successful completion of the evaluation. However, the large number of forms to be processed by FPASL makes it imperative that a microcomputer be made available to FPASL for its work.

**Philippines:** All INTRAH-sponsored activities in the Philippines are conducted with the IMCH (Institute of Maternal and Child Health) in Manila. It is clear that the IMCH fully understands the INTRAH evaluation strategy and is pursuing that strategy effectively. One of the problems faced by IMCH is the question of who will follow up IMCH trainees from Africa. As has been discussed with IMCH representatives, this is likely to be someone from INTRAH in Chapel Hill or Nairobi. Another question is whether follow-up performance appraisals should be done on IMCH trainers, and if so, by whom.

**Thailand:** The Division of Family Health, Ministry of Public Health, Thailand has no active INTRAH-supported training program at this time. However, eight persons have been trained through INTRAH auspices, including the participants of the Chapel Hill and Bangkok evaluation workshops. As a result, the DFH/MOH is using the basic INTRAH evaluation strategy for evaluation of its own training activities.

**SCHEDULE OF ACTIVITIES**

May 9, 1986	Arrival of Drs. Miranda and Angle, Bangkok, Thailand.
May 10, 1986	Purchase of supplies by Drs. Miranda and Angle.
May 11, 1986	Arrival of Dr. Veney, Bangkok, Thailand.
May 12- 21, 1986	Workshop (see Appendix C for daily schedule).
May 19, 1986	Telecon between Terrence Tiffany, USAID and Dr. Veney.
May 22, 1986	Departure of Drs. Veney and Miranda from Bangkok.
May 22, 1986	Meeting to discuss evaluation of traditional birth attendant training between Dr. Angle and workshop participants from Nepal, Thailand and Sierra Leone.
May 23, 1986	Observational tour by Dr. Angle, with Thailand FHD personnel, of Thai rural health centers and associated TBA programs in Choburee Province.
May 24	Departure by Dr. Angle from Bangkok, Thailand.

## **I. PURPOSE OF THE VISIT**

The purpose of this visit was to conduct a follow-on to the May/July 1985 Chapel Hill-based evaluation course sequence for evaluation specialists from the Asia Region.

The objectives of the follow-on workshop were:

1. National evaluation resource persons will compare and share problems they have confronted and solutions they have found in efforts to implement the INTRAH evaluation strategy in their own countries.
2. INTRAH resource persons will provide feedback on the adequacy of baseline data gathered by participants as a means to ensure that these materials include all the necessary detail for such baseline documentation.
3. Participants will analyze training evaluation and trainee evaluation data collected in their respective countries as a means to a better understanding of the INTRAH evaluation strategy and its implementation.
4. Participants will address in more detail the assessment of impact, based on the baseline data available and the types of information that can actually be collected and maintained in the countries represented.
5. Immediate supervisors of the evaluation resource persons, or other important resource persons for in-country evaluation, will become familiar with the evaluation strategy both to gain needed in-country support for evaluation activities, and to increase the evaluation resource base in the countries.

An additional one-day workshop was held to improve the execution and the evaluation of the INTRAH-sponsored TBA-training program in Nepal. The objectives of this meeting were:

1. To share information on the background, scope, successes and difficulties of the TBA programs in Thailand, Sierra Leone, Philippines and Nepal.
2. To share information on how supervision and evaluation of TBAs are accomplished in these programs.
3. To review in more detail the obstacles encountered in the supervision and evaluation of TBAs and ANMs in the Nepal DON and to offer ideas and solutions.
4. To review in detail the forms used by the Nepal DON project, and to provide constructive, realistic suggestions on how the forms might be modified to accomplish the goals of the DON.
5. To finalize in writing the recommendations made for consideration by other Nepal DON staff.

## 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 four persons expected from the Philippines were in attendance. One person from Nepal, (Ajit Singh Pradhan) and one person from Sri Lanka (Mala Wijersekara) who had attended the Chapel Hill course sequence were unable to attend the Bangkok follow-on, both for personal reasons. Both persons were replaced by appropriate alternates. A Canadian nurse-midwife working with the DON in Nepal and an American nurse

midwife working with the DFH in Thailand also attended the workshop. The Nepal CRS Company was not directly represented as it is hoped Mr. Gokarna Regmi will work with them in the future.

2. The participants, through the activities of the workshop, demonstrated that significant progress had been made toward the effective evaluation of INTRAH training activities in their respective countries. Of particular interest 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 are being used in each country is found in Appendix D.
  - b. Initial development of instruments for the evaluation of performance in motivation, community-based distribution of contraceptives and clinic-based distribution of oral contraceptives to be used as observational devices and to serve as prototypes for the development of country specific evaluation tools. These instruments are found in Appendix D.
  - c. Initial development of a questionnaire for follow-up performance appraisal (and/or training needs assessment) of managers and supervisors (also included in Appendix D).
  - d. Clarification of a set of steps and activities that will result in the completion of INTRAH evaluation in each of the countries of the region.
  - e. Clarification of the major obstacles to the assessment of the training of TBAs, and long and short term solutions to these problems in Nepal.
  - f. Revision of the performance appraisal instrument for evaluating clinical skills of TBAs in Nepal (Appendix G). Agreement by the five Nepalese present to meet on a regular (one half day per month) basis, to work out problems associated with INTRAH evaluation.

3. In verbal reactions to the workshop, the participants expressed a high level of satisfaction. The INTRAH Participant Reaction Form results also illustrate a positive feeling about the workshop on the part of the participants (see Appendix F). Thirteen of the participants indicated that they would recommend the workshop without hesitation and the other four said they would probably recommend it.

Based on the results of the Participant Reaction Forms, two areas of concern seem to be particularly evident. These are the limited extent to which the workshop dealt with practical problems and limited opportunities to practice practical techniques, and lack of trainer/trainee feedback. In 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 were unclear about how they were progressing in the workshop. These problems also appeared in the participant reaction results of the Nairobi follow-on workshop. While the absence of practice opportunities may be inherent in the workshop content, the problem of trainer feedback to trainees is a problem that deserves attention. Apart from those two concerns, the workshop appears to have been well-received.

4. On the pre- and post-tests of knowledge gained during the workshop, the group mean was 30.87 on the pre-test and 38.20 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 3.86 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, the relatively low 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. It also suggests the likelihood that a better effort should be made to define precisely what the participants are expected to learn, which should improve the pre- and post-test questions and the presentations during the workshop as well.

### **III. BACKGROUND**

This workshop on INTRAH evaluation is part of the 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 many in-country evaluation activities on behalf of INTRAH as the training projects with their respective national organizations proceed. These resource persons are being trained through the Chapel Hill evaluation course sequence in the summer of 1985, the March 1986 Nairobi and May 1986 Bangkok follow-on workshops, and individual technical assistance in-country as required. In-country technical assistance also includes special country-specific evaluation workshops that are being conducted with national evaluation resource persons as co-trainers.

### **IV. DESCRIPTION OF ACTIVITIES**

The activity was a ten-day workshop on evaluation of INTRAH training conducted as a follow-on to an earlier course sequence on evaluation of INTRAH training conducted in Chapel Hill. It was held in Bangkok, Thailand at the Viengtai Hotel from May 12 to May 21, 1986. This was the second of two scheduled follow-on workshops, the first

11

having taken place in Nairobi, Kenya from March 10 to March 20, 1986. Seventeen persons from Africa and Asia participated in this workshop. Names and titles of all facilitators and participants are found in Appendix A.

The workshop was conducted as a participatory training event, in which a combination of presentations and directed exercises were employed. The participants revised their existing evaluation plans and presented their new plans to each other through a series of different exercises highlighting various dimensions of the plans (data collection, sampling procedures, performance appraisal instruments and methods, monitoring of productivity of trainees, evaluation of training activities, and assessment of overall program impact). The workshop curriculum and materials are detailed in Appendix C.

An additional one-day meeting was held to improve the execution and evaluation of the INTRAH-sponsored TBA program with the DON in Nepal. The meeting was attended by Ms. Audrey Maw (TBA Program Coordinator of the DON, Nepal), Mr. Gokarna Regmi (FP/MCH Project, Nepal), Mr. Ramesh Bhatta (FP/MCH Project, Nepal), Mr. Padma Rajbandari (ICHSDP Project, Nepal), Ms. Fatu Yumkella (Ministry of Health, Sierra Leone), and Ms. Nongnuch Bonyiat (FHD/MOPH, Thailand). Dr. Marcia Angle, INTRAH Research Assistant, served as conference facilitator. The meeting agenda is provided in Appendix H. The morning session began with presentations by the Thai delegates and Mrs. Yumkella of Sierra Leone, explaining how obstacles similar to those faced in Nepal had been met elsewhere. The afternoon was dedicated to the Nepalese program; some potential solutions to supervisory and evaluation difficulties were generated, and the performance appraisal form for TBAs was revised (see Appendix G).

12

## V. FINDINGS AND CONCLUSIONS

- A. The workshop provided the opportunity to review the evaluation activities in each country represented as a means to ensuring that these activities are on schedule and progressing as would be expected. In all four Asian countries it is clear that a good understanding of INTRAH evaluation expectations exists. All countries are well on the way to implementing the evaluation activities, but Nepal will require continued assistance to guarantee that all evaluation activities are carried out in a satisfactory manner.
- B. 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 end-of-project information collected as the INTRAH training program is completed in each country) and to develop an instrument for the assessment of training capabilities on the part of persons trained as motivators, community-based distributors of contraceptives, or clinic-based distributors of oral contraceptives. These evaluation instruments can serve as prototypes for further development of country specific instruments prior to performance assessment activities.
- C. The workshop provided an opportunity for in-country evaluation resource persons to provide input to INTRAH in 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 INTRAH projects in individual countries of Asia.

## VI. RECOMMENDATIONS

- A. In order to ensure that evaluation proceeds at an acceptable pace in Nepal, additional effort may be required in-country to guarantee that responsibilities and activities of evaluation resource persons are understood and agreed upon.
- B. All countries in which INTRAH has major training activities 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 after the INTRAH training program for the country has been completed. It appears that representatives of each country are well prepared to define and set up these data. Guidelines developed in the workshop will be useful in specifying the baseline and end-of-training assessments.
- C. 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 the countries, based on the prototypes developed during this workshop.

V. FINDINGS AND CONCLUSIONS (continued)

- D. The aspect of the INTRAH evaluation plan which has been most difficult for the participants to master, and which will be the most difficult to execute, is the performance appraisal. Of the many techniques for performance appraisal, the Chapel Hill, Nairobi and Bangkok evaluation workshops have emphasized BARS (behaviorally-anchored rating scales). This emphasis was misguided, as there are less sophisticated methods of performance appraisal better suited to the constraints of INTRAH evaluation (e.g., checklists of skills). This conclusion became obvious in the Bangkok workshop, when one of the most skilled of the in-country evaluators, Mrs. Fatu Yumkella, explained that, after learning BARS four times (Chapel Hill, Nairobi, Freetown, Bangkok), a special workshop would still be required in Sierra Leone to develop BARS for the INTRAH trainees there.
- E. In Nepal, multiple obstacles make it difficult to guarantee either that the INTRAH TBA training and supervision will be consistently executed as planned, or that evaluation of the training activities, and of the TBAs' subsequent output and impact, will be successful. These obstacles include:
- 1) Inadequately trained supervisors (the ANMs) who are either not at their post, or if present, are unwilling or unable to visit the TBAs.
  - 2) Transportation difficulties (no roads in many areas, requiring hours of walking and a chaperone to walk with; where roads exist, no access to vehicles).

VI. RECOMMENDATIONS (continued)

- D. Performance appraisal of INTRAH trainees can be appropriately accomplished using methods other than BARS, requiring a less ambitious but more realistic effort. Designing and testing performance appraisal instruments is a difficult undertaking however, and some countries may require additional assistance. Implementing the performance appraisal may also be a particular challenge in some countries. INTRAH evaluation personnel should remain alert to these needs, and should be given the latitude to respond, to ensure adequate assessment of trainees' on-the-job skills.
- E. During the proposed project monitoring visit to the Nepal DON in September 1986, by Ms. Maureen Brown, and Ms. Lynn Knauff, close consideration should be given to whether the current staffing at the central and district levels will allow the DON to execute training and supervision as originally planned.

14

## V. FINDINGS AND CONCLUSIONS (continued)

- 3) Lack of adequate accommodations for ANMs visiting TBAs, and for PHNs visiting ANMs.
- 4) Presence of only four Nepalese PHNs to cover all five districts in which INTRAH TBA-training is being conducted.

F. The previous TBA performance appraisal form was inadequate, and did not allow TBAs to roleplay their prenatal, intrapartum and postpartum care skills (because deliveries are infrequent, the chances of an ANM evaluating the TBA doing an actual delivery are slight). The form was modified (see Appendix G) during the May workshop.

G. Discussion with Ms. Audrey Maw convinced Drs. Veney and Angle that it would be unreasonable to attempt the impact survey as previously planned. If a lowering of neonatal mortality were the indicator used to measure the impact of training (comparing the outcomes of deliveries between trained and untrained TBAs), then approximately 2,000 deliveries by trained TBAs and another 2,000 deliveries by untrained TBAs would need to be reviewed, through interview of TBAs who are in fact, doing +/- 10 deliveries per year. Finding comparable groups of trained and untrained TBAs in the same geographic area will be difficult, as the most capable are selected for training (resulting in significant "selection bias").

H. The Nepal CRS Company was not directly represented, and in none of the presentations by the Nepalese team was mention made of Nepal CRS training evaluation. Mr. Regmi and Mr. Rajbandari are both competent to provide the Nepal CRS with all necessary technical assistance.

## VI. RECOMMENDATIONS (continued)

F. A review and planning workshop will be held by the Nepal DON in November 1986 in Kathmandu. Ms. Audrey Maw, DON TBA Program Coordinator, should follow through on her plans to pilot test and then to present the improved TBA performance appraisal form (see Appendix G) to the PHNs for discussion prior to the meeting. She may require special assistance to accomplish this.

G. If it is determined that the TBA project can meet its objectives, then additional attention should be focused on finding more appropriate indicators to assess the impact of the TBAs' training on the health and contraceptive practices of the families they serve. The planned "impact survey" can use cluster-sampling techniques (as developed by WHO) to interview and compare the outcomes of deliveries by trained TBAs versus untrained TBAs. Knowing which indicators would be most useful (e.g., puerperal fever, omphalitis --infection around the umbilical stump) requires knowing what the TBAs can consistently recognize. The problem of selection bias requires further investigation.

H. The Nepal Company Program should be encouraged to pursue the assistance of Mr. Regmi or Mr. Padma Rajbandari in finalizing its evaluation of the INTRAH-sponsored training.

## APPENDIX A

### Persons Contacted

#### USAID/Bangkok

Dr. Terrence Tiffany, Chief, Health/Population/Nutrition  
Khun Karoon, Population Assistant, Health/Population/  
Nutrition

#### Ministry of Public Health, Bangkok

Dr. Pramook Chantawiman, Deputy Director General  
Dr. Oo-lit Liyawanit, Deputy Director General  
Dr. Sirikoon Isaranuluck, Technical Expert, Division of  
Family Health

#### Cholburee Province, Thailand (During observational tour by Dr. Marcia Angle with Dr. Sirikoon Isaranuluck)

Dr. Aprichart Make-Masim, Deputy Provincial Medical Officer  
Khun Wachereen, Auxiliary Nurse-Midwife, Khao Kan Song  
Subdistrict, Selachaw District  
Khun Riem, Village Health Volunteer, Surasak Montri Village  
Dr. Sonchai, Hospital Director, Bang Bueng District  
Community Hospital

APPENDIX 3  
WORKSHOP PARTICIPANTS

Ms. Linda Andrews	Univ. of Michigan Pop. Intern. A Coordinator in the Training Supervision and Education Section	94/17 Soi Ratchakru Bangkok 10400 Thailand
Mr. Ramesh Bhatta	Section Officer	Nepal Family Planning/ Maternal and Child Health Project Central Office Ramshah Path Kathmandu, NEPAL
Ms. Nongnuch Boonyakiat	Chief of the Supervision Sub-Section	Family Health Division Ministry of Public Health Devaves Palace Samsen Street Bangkok 10200 THAILAND
Ms. Maria Ligaya E. Dabatos	Nurse Supervisor/ Trainer	Institute of Maternal and Child Health 11 Banawe Street Quezon City 3008 PHILIPPINES
Mr. Amaranda Dissanayake	Director Operations	Family Planning Association of Sri Lanka 37/27 Bullers Lane Colombo 7, SRI LANKA
Ms. Thalatha Damayanthi Geekiyanage	Statistical Assistant	Family Planning Association of Sri Lanka 37/27 Bullers Lane Colombo 7, SRI LANKA
Mrs. Miriam C. Grafilo	Director for Support Services	Institute of Maternal and Child Health 11 Banawe Street Quezon City 3008 PHILIPPINES
Mr. K. Jayasinghe	Director, Evaluation and Research	Family Planning Association of Sri Lanka 37/27 Bullers Lane Colombo 7, SRI LANKA

11

Mr. Joe Livera	Operational Manager	Family Planning Association of Sri Lanka 37/27 Bullers Lane Colombo 7, SRI LANKA
Ms. Audrey Maw	MCH Advisor, TBA Coordinator	Division of Nursing c/o UMN, P. O. Box 126 Kathmandu, NEPAL
Mrs. Yupa Poonkhum	Policy and Planning Analyst	Research and Evaluation Section Division of Family Health Ministry of Public Health Devaves Palace Samsen Street Bangkok 10200 THAILAND
Mr. Padma Raj Rajbhandari	Chief, Training Section	Integrated Community Health Services Development Project Dillibazar, Kathmandu NEPAL
Mr. Gokarna Regmi	Demographer	Family Planning/Maternal Child Health Project GPO Box 820 Ramshah Path Kathmandu, NEPAL
Mr. Pushpa Raj Shakya	Chief, Training Division	Family Planning/Maternal Child Health Project GPO Box 820 Ramshah Path Kathmandu, NEPAL
Ms. Radeeporn Soogarun	Statistician	Research and Evaluation Section Division of Family Health Ministry of Public Health Devaves Palace Samsen Street Bangkok 10200 THAILAND
Mrs. Chusie Sujpluem	Chief of Training Supervision and Education Section	Division of Family Health Ministry of Public Health Devaves Palace Samsen Street Bangkok 10200 THAILAND
Mrs. Fatu Yumkella	Medical Demographer	Ministry of Health Youyi Building Brookfields Freetown, 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.
- reviewed a set of instruments for the performance appraisal of trainers.
- developed a preliminary version of instruments for the performance appraisal of family planning service providers.
- developed a specific plan for the follow-up study of trainees.
- reviewed and updated INTRAH evaluation plan for their country.

**BANGKOK EVALUATION WORKSHOP  
SCHEDULE  
MAY 12 - 21, 1986**

<b>MONDAY DAY 1 A.M.</b>	<b>TUESDAY DAY 2</b>	<b>WEDNESDAY DAY 3</b>	<b>THURSDAY DAY 4</b>	<b>FRIDAY DAY 5</b>	<b>MONDAY DAY 6</b>	<b>TUESDAY DAY 7</b>	<b>WEDNESDAY DAY 8</b>
Registration Introduction Icebreaker	Country Team Report on Baseline Data	Use of Service Statistics in Evaluation  Nigeria Forms	Discussion: Instruments for Trainer Follow-up  Presentation: Observation and Recording	Exercise (Part B)  Group Report	Development of BARS: Exercise  Group Report	Group Report  Country Team Report on Training Activity Evaluation	Group Report  Follow-up on Assistance From INTRAH
		Service Statis- tics Exercise	Questionnaire Design: Presen- tation and Simultaneous Observation	Performance Appraisal		Country Evalua- tor's Role	
<b>P.M.</b> Review of Workshop '85	Impact Evaluation	Trainee Followup	Questionnaire Exercise (Part A) Group Report	F.P. Providers Areas of Competency: Presentation		Evaluation Plan Review	Workshop Evaluation
INTRAH Evalua- tion Design	Exercise on Impact Eval- uation	Country Team Report	Evaluation of Trainer Performance	Exercise  Group Report	Observation Form: Exercise Types of Eaters	Exercise	Closing Ceremony
Country Team General Report	Group Report	Presentation	Formative Evaluation		Plan for Trainee Follow-up Exercise		
<b>EVENING:</b>							
Reception		Study of Document	Reading				

15

## 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 Introduction/Opening
9:30 - 10:30	Icebreaker Exercise
10:30 - 11:00	Break
11:00 - 12:00	Bio Data Form/Pre-Test
12:00 - 1:30	Lunch
1:30 - 2:00	Review of Evaluation Workshop 85 and INTRAH Evaluation Design Workshop 86 Overview
2:00 - 4:00	Country Team General Report (Progress/Problems)  Nepal Thailand Sri Lanka Philippines Africa (Sierra Leone)
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 Report on Baseline Data Philippines Nepal Sri Lanka Thailand
10:00 - 10:30	Break
10:30 - 12:00	Africa
12:00 - 1:30	Lunch
1:30 - 2:30	Impact Evaluation - Presentation
2:30 - 4:00	Exercise on Impact Evaluation Break (While working on the exercise)
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.
- explain INTRAH requirements for follow-up of trainees.
- review the set of instruments for follow-up of trainers developed in Nairobi.

### 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 - 1:30	Lunch
1:30 - 3:00	Trainee Follow-Up: Country Team Report Knowledge-Activity Performance Appraisal <sup>1</sup> - Sri Lanka - Thailand - Nepal - Philippines - Africa
3:00 - 3:30	Break
3:30 - 4:00	INTRAH Requirements for Follow-up of Trainees
4:00 - 4:30	Reflection

EVENING: Study of Document for Trainers' Follow-Up

## Day 4

### Learning Objectives

The participants will:

- review the set of instruments for the follow-up of trainers developed in Nairobi
- use the instruments in evaluating the performance of a trainer
- explain how to obtain adequate reliable data from observations
- record information obtained from observations in an objective way
- list the type of information to be collected for the performance appraisal of family planning service providers

### Agenda

- |             |  |
|-------------|--|
| 8:30-9:30   | Discussion on instruments for trainers follow-up   |
| 9:30-10:30  | Observation and Recording: Presentation  |
| 10:30-11:00 | Break  |
| 11:00-12:00 | Presentation: Questionnaire Design (and simultaneous observation of trainer performance)   |
| 12:00-1:30  | Lunch  |
| 1:30-2:30   | Exercise 4.1 on questionnaire design (Part A)  |
| 2:30-3:30   | Group Report   |
| 3:30-4:00   | Break  |
| 4:00-4:30   | Evaluation of Trainer Performance <ul style="list-style-type: none"><li>-Individual Rating</li><li>-Group Rating</li><li>-Discussion</li></ul> |
| 4:30-5:00   | Formative Evaluation   |
| Evening     | Reading assignment   |

## Day 5

### Learning Objectives

The participants will:

- design a questionnaire for the follow-up of family planning service providers
- specify the job dimensions of a family planning service provider
- identify the areas of competency for a family planning service provider
- develop descriptions of competency for a family planning service provider

### Agenda

- |             |  |
|-------------|--|
| 8:30-9:30   | Exercise 5.1 on questionnaire design (Part B)                        |
| 9:30-10:30  | Group Report   |
| 10:30-11:00 | Break  |
| 11:00-12:00 | Performance appraisal using BARS<br>Review-Presentation              |
| 12:00-1:30  | Lunch  |
| 1:30-2:30   | Family Planning Providers Areas of Competency:<br>Presentation       |
| 2:30-4:00   | Exercise 5.2-Description of FP competencies (break<br>while working) |
| 4:00-4:30   | Group Report   |
| 4:30-5:00   | Reflections  |

## DAY 6

### LEARNING OBJECTIVES

The participants will:

- develop a part of a behaviorally anchored rating scale to evaluate the performance of a family planning service provider.
- develop a form to record information through observation for the performance appraisal of a family planning service provider.
- develop a specific plan for INTRAH followup of trainees for their country.

### A G E N D A

- 8:30 - 11:00 Exercise 6.1 Development of BARS
- 11:00 - 12:00 Group Presentation
- 12:00 - 1:30 Lunch
- 1:30 - 2:30 Exercise 6.2 Form to Record Observations
- 2:30 - 3:00 Different Types of Raters-Presentation
- 3:00 - 4:30 Exercise 6.3 Plan for INTRAH Trainees Followup

## 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 - 1:30	Lunch
1:30 - 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.

### 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 - 1:30	Lunch
1:30 - 3:00	Workshop Evaluation Participants Verbal Reactions Post Test
3:00 - 4:00	Closing Ceremony

**APPENDIX F**

**EVALUATION INSTRUMENTS AND RESULTS**

**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
- b. A sufficient condition
- c. A dependent 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 activities
- 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
	c. leading a discussion
OUTPUTS:   ___ ___	d. trainers
	e. ability to insert I.U.D.'s
	f. giving feedback
PROCESSES:  ___ ___	g. 10 lectures presented
	h. knowledge of appropriate family planning methods
EFFECTS/OUTCOMES	

#### 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.

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 ~~a~~
  - 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 wi 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.

PRETEST-POSTEST COMPARISON

BANGKOK EVALUATION WORKSHOP

PARTICIPANT	PRETEST	POSTEST	DIFF	DIFF^2
1.00	28.00	44.00	16.00	256.00
2.00	26.00	40.00	14.00	196.00
3.00	42.00	45.00	3.00	9.00
4.00	45.00	48.00	3.00	9.00
5.00	21.00	34.00	13.00	169.00
6.00	41.00	46.00	5.00	25.00
7.00	36.00	38.00	2.00	4.00
8.00	28.00	36.00	8.00	64.00
9.00	27.00	38.00	11.00	121.00
10.00	25.00	18.00	-7.00	49.00
11.00	31.00	51.00	20.00	400.00
12.00	32.00	28.00	-4.00	16.00
13.00	33.00	44.00	11.00	121.00
14.00	10.00	20.00	10.00	100.00
15.00	38.00	43.00	5.00	25.00
VAL/N	30.87	38.20	7.33	
SUM VAL			110.00	1564.00
S.E. DIFF			1.90	
T=(DIFF/N)/S.E.DIFF			3.86	

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

4 | 10 | 3 |      |     

2. Workshop objectives seemed to be achieved:

- a. Entirely
- b. Mostly
- c. Somewhat
- d. Hardly at all
- e. Not at all

4 | 12 | 1 |      |     

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

- 6 a. All material was useful
- 9 b. Most materials were useful
- 3 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

6 | 11 |      |      |

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 |
| 1           | 2                    | 13                  |                        |               |

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 |
|             | 3                    | 6                   | 8                      |               |

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 |
| 12             | 4                | 1                  |                    |                      |

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 |
| 5               | 5                          | 6                      |                            | 1                   |

9. In this workshop I learned:

- 5 a. many important and useful concepts,
- 6 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:

- 4 a. many important and useful skills,
- 8 b. several important and useful skills,
- 5 c. some important and useful skills,
- \_\_\_ 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
8	7	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	9			

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
10	5	2		

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
6	3	5	3	

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

4 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.

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

- 8 a. Additional time for the workshop
- 1 b. More limited time for the workshop
- 6 c. Use of more realistic examples and applications
- 12 d. More time to practice skills and techniques
- 8 e. More time to become familiar with theory and concepts
- f. More effective trainers
- 3 g. More effective group interaction
- h. Different training site or location
- 2 i. More preparation time outside the training sessions
- j. More time spent in actual training activities
- 3 k. Concentration on a more limited and specific topic
- 2 l. Consideration of a broader and more comprehensive topic
- 2 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. <u>IMPACT EVALUATION</u>	11	4	2		
b. <u>BASE LINE DATA</u>	8	6	3		
c. <u>SERVICE STATISTICS</u>	8	2	6	1	
d. <u>TRAINER'S PERFORMANCE</u>	12	4		1	
e. <u>OBSERVATION</u>	11	4	2		
f. <u>QUESTIONNAIRE DESIGN</u>	12	3	2		
g. <u>PERFORMANCE APPRAISAL</u>	12	2	2		
h. <u>DEVELOPMENT OF BARS</u>	14	2	1		
i. <u>PROVIDERS COMPETENCY</u>	5	9	3	1	
j. <u>TYPES OF RATERS</u>	7	6	4		

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	6	6	3	1		<input type="checkbox"/>
b. group discussions	9	4	2	1		<input type="checkbox"/>
c. individual exercises	8	3	1			<input type="checkbox"/>
d. group exercises	9	4	1	1		<input type="checkbox"/>
e. clinical sessions						<input type="checkbox"/>
f. field trips						<input type="checkbox"/>
g. handouts/readings	7	4	4			<input type="checkbox"/>
h. books	1	4	4			<input type="checkbox"/>
i. audio-visuals	6	2	6			<input 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.

- 3 a. Counselling and/or client education
- 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)
- 4 e. Supervision of Family Planning Services
- 6 f. Management of Family Planning Service System
- 8 g. Planning/Evaluation of Family Planning Services
- 6 h. Policy Making/Direction of Family Planning Services
- 2 i. Community Based Distribution of Contraceptives
- 6 j. Community Based Outreach, Education or Information
- 3 k. In-Service Training in Family Planning
- 1 l. Pre-Service Teaching/Tutoring in Family Planning
- 5 m. Other (specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Feel free to sign your name. (Optional)

\_\_\_\_\_

May, 1985

SD

## APPENDIX G

The format of the current Nepal DON performance appraisal form for TBA's was revised, to reflect the decision to use role-play when observation of an actual delivery is not possible.

The new format must be presented to the Public Health Nurses in the November 1986 annual Review and Planning workshop, it should be pilot tested before then.

Some tasks (e.g., "examins pregnant woman") must be broken down into subtasks, to allow separate scoring of each subtask/clinical skill.

The attached chart gives examples of three supervisory visits: only a prenatal patient was seen 12/1/85, only 2 post partum patient was seen 1/7/86, on 5/21/86, the supervisor witnessed the TBA doing a delivery.

BY OBSERVATION		NOT DONE		HOW OBSERVED		BY INTERVIEW	
DONE	DONE	FORGOT TO	NOT	LIVE	DOLL	CORRECTLY	INCOR-
CORRECTLY	INCORRECTLY	DO	APPLICABLE	PATIENT	USED	STATED	RECTLY
							STATED

---

**Task # 1**  
- Intrapartum Care

---

**Task # 2**  
- All Intrapartum  
Subtask A  
Subtask B  
Subtask C

---

**Task # 3**  
- Postpartum Care

---

**Task # 4**  
- Prenatal Care

---

**Task # 5**  
- Postpartum Care

---

**Task # 6**  
- Prenatal Care

Prenatal Patient  
Post Partum Patient  
Intrapartum Patient

57

APPENDIX H

May 22, 1986 Conference on  
TBA Supervision and Evaluation

- AGENDA -

8:45 - 9:00 AM OBJECTIVES REVIEWED

1. To share information on the background, scope, successes and difficulties of the TBA programs in Thailand, Sierra Leone, Philippines and Nepal.
2. To share information on how supervision and evaluation of TBAs are accomplished in these programs.
3. To review in more detail the obstacles encountered in the supervision and evaluation of TBAs and ANMs (auxiliary nurse midwives) in the Nepal Division of Nursing program, and to offer ideas on solutions.
4. To review in detail the Forms used by the Nepal DON program, and to provide constructive, realistic suggestions on how the forms might be modified to accomplish the goals of the Division of Nursing.
5. To finalize in writing the recommendations made, for consideration by other Division of Nursing staff.

9:00 - 9:15 AM THAILAND

9:15 - 9:30 AM QUESTIONS

9:30 - 9:30 AM SIERRA LEONE

9:45 - 10:00 AM QUESTIONS

10:00 - 10:15 AM PHILIPPINES; QUESTIONS

10:15 - 10:30 AM BREAK

10:30 - 11:00 AM NEPAL

11:00 - 11:30 AM QUESTIONS  
11:30 - 12:00 PM REVIEW OF DOI  
12:00 - 1:00 PM LUNCH  
1:00 - 3:00 PM DISCUSSION OF NEPAL'S PLAN FOR  
SUPERVISION AND EVALUATION,  
INCLUDING FORMS  
3:00 - 3:15 PM BREAK  
3:15 - 4:30 PM FINALIZE RECOMMENDATIONS  
IN WRITTEN FORM  
4:30 - 5:00 PM FEEDBACK, REFLECTIONS ON USEFULNESS  
OR PROBLEMS OF CONFERENCE (5/22 ONLY)