PD-AAL-505
ISN 55172

Prepared for:

Office of Population
Bureau for Science and Technology
Agency for International Development
Washington, D.C.
Under Contract No. DPE-3024-C-00-4083-00
and Contract No. DPE-3024-Z-00-7079-00
Project No. 936-3024

MIDTERM EVALUATION
PAC II TRAINING
IN THE
NEAR EAST/NORTH AFRICA REGION
RONCO CONSULTING CORPORATION
(FAMILY PLANNING TRAINING FOR PARAMEDICAL/AUXILIARY/COMMUNITY PERSONNEL)

by

Sheila Ward, MPH
Jennifer Bryce, EdD
Hamouda Hanafi, DrPH

In-Country Visits
September 6 - 30, 1987

Edited and Produced by:

Population Technical Assistance Project
International Science and Technology Institute
1601 N. Kent Street, Suite 1101
Arlington, Virginia 22209
Phone: (703) 243-8666
Telex: 271837 ISTI UR

Report No. 87-119-063
Published March 30, 1988

TABLE OF CONTENTS

GLOSSARY iii

EXECUTIVE SUMMARY v

I. INTRODUCTION 1

I.1 Purpose of Evaluation 1
I.2 Evaluation Methodology 1
I.3 Facilitating Factors and Constraints 2

I.3.1 Facilitating Factors 2
1.3.2 Constraints 2

II. CONTRACT OBJECTIVES AND OUTPUT 4

II.1 Qualitative Objectives 4
II.2 Output Elements by Quantity 11

III. PROJECT PERFORMANCE 14

III.1 Background 14

III.1.1 Summary 14
III.1.2 Country Differences. 14
III.1.3 Prior Experience in PAC Training . . 15

III.2 The Planning Process 16

III.2.1 Strategy 16
III.2.2 Needs Assessment 16
III.2.3 Country Plans/Project Design 17

III.3 Training Process 18

III.3.1 Planning 18
III.3.2 Overall Approach 19
III.3.3 Content 19

III.4 Evaluation 21

III.5 Curriculum Development/Training Materials . . 22

III.5.1 Curriculum Development 22
III.5.2 Training Materials 23

IV. REGIONAL AND U.S.-BASED TRAINING 25

IV.1 Regional Training 25
IV.2 U.S.-Based Training 26

V. ORGANIZATION AND MANAGEMENT 28

V.1 Organization 28

V.1.1 Headquarters 28
V.1.2 Regional Headquarters 28

V.2 Staff 29

V.2.1 RONCO Staff 29
V.2.2 Consultants 30

V.3 Management of Training 31

V.3.1 Headquarters. 31
V.3.2 Field Level 31

V.4 Reporting, Monitoring, and Evaluation 32

V.4.1 Reporting 32
V.4.2 Monitoring 32
V.4.3 Evaluation 33

V.5 Collaboration with Other Contractors 33

VI. SUMMARY OF RECOMMENDATIONS 35

VI.1 Priority Recommendations 35

VI.1.1 Management 35
VI.1.2 Project Implementation 35
VI.1.3 Materials Development 36

VI.2 Secondary Recommendations 37

VI.2.1 Regional Training 37
VI.2.2 Consultants 37
VI.2.3 Management of Training 37
VI.2.4 Evaluation 37
VI.2.5 Collaboration 37

APPENDICES

Appendix A Scope of Work

Appendix B Persons Consulted and Agencies Contacted

Appendix C USAID Cables Assessing RONCO Performance

Appendix D Summary Description of Country Programs

Appendix E Report on Training Methodology

GLOSSARY

A.I.D.	Agency for International Development
CBD	Community-based distribution
CEDPA	Centre for Development and Population Activities
CTO	Cognizant Technical Officer
ENPC	Egyptian National Population Council
ENS	Egyptian Nursing Syndicate
FP	Family planning
FPAT	Family Planning Association of Turkey
GDMCHFP	General Directorate Maternal and Child Health Family Planning (Turkey)
ICH	Institute for Child Health (Turkey)
IEC	Information, education, and communication
INTRAH	International Training for Health (project)
IPPF	International Planned Parenthood Federation
ITRFP	Institute for Training and Research in Family Planning (Egypt)
JHPIEGO	Johns Hopkins Program for International Education in Gynecology and Obstetrics
MCH	Maternal and child health
MOH	Ministry of Health
MOPH	Ministry of Public Health (Morocco)
MSH	Management Services for Health
NENA	Near East/North Africa region
ONFP	National Family Planning Office (Tunisia)
PAC	Paramedical, auxiliary, and community (personnel)
PHC	Primary health care

STD	Sexually transmitted disease
TA	Technical assistance
TOT	Training of trainers
UNFPA	United Nations Fund for Population Activities
USAID	United States Agency for International Development (overseas missions)

EXECUTIVE SUMMARY

This report is a midterm evaluation of the work of RONCO Consulting Corporation, under its contract with the Agency for International Development (A.I.D.) to provide training in family training in the short term and to assist in the development of host country capacity to provide this training over the long term. RONCO is one of three contractors selected to implement A.I.D.'s worldwide Family Planning Training Project for Paramedical, Auxiliary, and Community (PAC) Personnel II Project. Its geographic area of responsibility is the Near East/North Africa (NENA) region.

In comparison with the other PAC II contractors, RONCO had considerably less experience in the area of family planning training. In addition, there are considerable differences among the countries in the region (Egypt, Jordan, Morocco, North Yemen, Tunisia and Turkey) in terms of their receptivity toward both family planning in general and training for family planning service providers in particular. In four of these countries, RONCO was able to build on the work undertaken by the prior contractor. Nonetheless, it has experienced considerable difficulty in achieving its contractual obligations to date.

At this point in the contract period, RONCO has fallen considerably short of its quantitative goals with respect to numbers of trainees trained, both first generation (or those trained directly) and second generation (or those trained by RONCO-trained trainers). RONCO has two explanations for this shortfall. It cites A.I.D.'s emphasis on the goal of institutional development as one major problem. Its position is that it is not possible to train large numbers of people while engaged simultaneously in laying institutional groundwork, and that it has opted to concentrate on institutional development, leaving large-scale training for the second half of the contract. RONCO also claims that a number of events have conspired to set back some plans. A.I.D.'s emphasis on institutional development, however, does not preclude the training of the specified number of trainees. Futhermore, an assessment of the absorptive capacity of Turkey and Tunisia, plus evidence of underspending in specific training events, suggest that with more imagination and programming insights, RONCO might well have been able to undertake additional training activities.

The contract calls for achievement of eight qualitative objectives, the most important relating to the ability of in-country institutions to plan, implement, and evaluate family planning training projects and the development of regional training capacity. In Tunisia and Turkey, RONCO's efforts have contributed to government programs that had existed at the start of the contract and that now show, in part because of RONCO's

efforts, strengthened capability to carry on without external support. For a number of reasons, less progress has been possible in Egypt and Morocco, the other two countries where the previous contractor had laid some groundwork. In Jordan, where RONCO has begun a new program, national trainers have been identified and plans formulated for their training.

The contract had called for 50 percent of the resources to be applied to regional training. Although RONCO has identified three institutions that it deems promising, it maintains that none will be able to provide training without RONCO assistance at the end of the contract.

With respect to the other goals, RONCO has made good progress in generating enthusiasm among training team members, in conveying to policy makers a sense of the urgency of the need for increased family planning capability in their countries, and in reaching mid- and upper-level supervisors and mangers who manage and coordinate different facets of family planning service delivery systems. It has also done a good job in advancing communication that was already under way among groups in Turkey, Tunisia, and Jordan. It has, however, had less success with respect to interregional networking.

RONCO's training activities, usually in the form of in-country in-service workshops, have often not provided enough time to achieve all the skill training needed. Particularly with respect to training of trainers (TOT) workshops, too little time has been available for practice in the participatory teaching methods that are being taught. Although RONCO-trained trainees are eagerly applying these methods in workshops, more RONCO follow-up is needed to ensure that these skills are institutionalized for the long term. RONCO appeared not to be providing strong materials support to training activities. Curriculum development was identified as a weak area, and the need for more training material was a pervasive theme at all the training sites visited.

To date, RONCO has done little in the area of clinical skills training, because until recently there was no enthusiasm for it among the host countries. RONCO, however, has succeeded in generating a growing concern in this area and has recently completed a survey of the current status of clinical training that is an important first step. No pre-service training takes place, as this is already under way through other contracts.

RONCO's management is overcentralized, with too little authority delegated either to the regional office in Tunis that is supposed to manage training programs or to managers of the training programs themselves. Quite frequently, training events appear to have been plagued with plans that were too vague, resources that were too limited, staff changes that were made

precipitously, and trainers who were overloaded. Part of the problem may have been that RONCO staff did not always make enough effort to work with host country staff to develop their management skills.

Although on the whole RONCO staff were perceived as competent and helpful, the project's central staff would benefit with strengthening in the skill areas of curriculum development, nursing/midwifery, training methodology, research, data management, and evaluation. Monitoring and evaluation seemed particularly weak, with visible lack of good documentation about project activities to date and an absence of any plan to make evaluative data part of ongoing planning and programming. On the bright side, RONCO is attempting to develop an evaluative instrument that should enable staff to evaluate whether the project is succeeding in achieving the institutionalization goals that are key to the overall performance of this project.

Principal recommendations are set forth in Chapter VI.

I. INTRODUCTION

I.1 Purpose of Evaluation

This report is a midpoint external evaluation of the work of RONCO Consulting Corporation under its five-year contract DPE-3031-C-00-4084 with the Agency for International Development (A.I.D.) to provide family planning training and assistance in institutional development. This contract is part of A.I.D.'s worldwide project, the Family Planning Training Project for Paramedical, Auxiliary, and Community (PAC) Personnel II Project 936-3031.

The purpose of the PAC II project is to strengthen and develop the capacity of developing country institutions and agencies to design, implement, and evaluate training programs that will enable various PAC workers to provide family planning services.

I.2 Evaluation Methodology

This report covers the work of RONCO in the Near East/ North Africa (NENA) region. It was prepared by a three-person evaluation team including Jennifer Bryce, Hamouda Hanafi, and Sheila Ward. The scope of work for the assignment was developed by A.I.D. in collaboration with the PAC II contractors and was carefully reviewed with the team prior to beginning the evaluation (see Appendix A).

The team was briefed in RONCO's Durham, North Carolina office. RONCO management and staff, in anticipation of the evaluation team's visit, had prepared a number of relevant reports and documents, as well as an agenda, and had staff and facilities conveniently organized. RONCO management and staff were very direct with the evaluation team in highlighting issues, weaknesses, and problems as well as achievements and strengths. They made it clear that they looked to the evaluation team to be constructive in analyzing their work and providing findings and recommendations that would facilitate improvements in reaching the contractual goals of PAC II. The evaluation team requested a number of documents in addition to those initially prepared by the RONCO staff.

Tunisia, Jordan, and Turkey had been selected by RONCO and A.I.D. for visits by the evaluation team. In Tunisia, the team was briefed and the schedule of meetings arranged by Abderrazak Thraya, the RONCO Regional Program Officer for PAC II. In Jordan, Oluremi Sogunro, Technical Skills Coordinator for RONCO, met the team and was later joined by Abderrazak Thraya. In Turkey, the agenda was developed by the Ministry of Health

(MOH), which also provided a full-time translator and a central training team member to accompany the team.

In each country, the team met with personnel from the United States Agency for International Development (USAID) mission, MOH officials, central, regional, or provincial training team members, health directors, family planning service providers, and other individuals, including consultants, connected with RONCO PAC II project activities. In addition, the team reviewed available documents including program plans, semiannual reports, and other written documentation.

In two countries, Tunisia and Turkey, the team observed training activities in process. A list of people and agencies contacted appears as Appendix B.

In addition, cables were sent to USAID missions in the region soliciting their input on RONCO PAC II project activities (see Appendix C).

I.3 Facilitating Factors and Constraints

I.3.1 Facilitating Factors

In every country, schedules for interviews and visits were arranged conveniently and sequentially. RONCO staff, host country personnel, and USAID mission staff were all helpful and flexible in accommodating the needs and requirements of the evaluation team.

1.3.2 Constraints

The team encountered three difficulties: one relating to the time available for the assignment, the second to A.I.D.'s ability to provide information, and the third to RONCO's briefing capabilities.

In respect to the first, because of the limited time available, there were few opportunities to observe training and clinical services delivery by service providers trained through RONCO project activities.

Second, regarding A.I.D., two USAID missions had had recent major staff changes involving the Health, Population, and Nutrition Officers, and in both instances new staff were in the process of orientation. In Turkey, where there is no USAID mission, the embassy has an attache who, although informed of population activities, does not assume a direct role in their development.

Third, although RONCO staff were very accommodating, they often seemed unable to provide the documentation requested to provide clear factual background for this report. The team needed to amalgamate sometimes confusing and contradictory reports to get a complete picture of activities in each country and of expenditures. Documentation on training activities was also weak.

II. CONTRACT OBJECTIVES AND OUTPUT

The RONCO PAC II contract is based on the overriding goal of strengthening institutional capacity to provide training in family planning. It lists eight objectives expressed in a mixture of qualitative and quantitative terms and thirteen quantitative output elements. The qualitative goals were designed specifically for RONCO in the NENA region, but the output measures were the same for all three PAC II contracts. RONCO's performance in attempting to meet these various objectives is discussed below.

II.1 Qualitative Objectives

In-Country Institutions

1. **The number of in-country institutions with the capability to effectively plan, implement, and evaluate family planning training projects including the coordination of all training cycle inputs in support of training will increase.**

RONCO has made an effort to carry out the types of activities contemplated in this objective in Tunisia, Turkey, Egypt, and Morocco. It has made the best progress in Tunisia and Turkey, where it found some infrastructural development on which to build. In Tunisia, for example, there is a National Office of Family Planning (ONFP) with a center for training, and the PAC I contractor had proposed the development of interregional teams. RONCO has succeeded in implementing this phase, with the establishment of highly motivated teams, which have in turn trained substantial numbers of personnel. ONFP, however, still needs to take more responsibility in supporting these teams. In Turkey, the government is in the process of establishing a village-level structure to deliver family planning services, with the midwife at its apex and support coming not only from the MOH but from other government departments as well. Again, RONCO has been able to provide TOT to strengthen skills of faculty of nurse-midwife schools and to support the community networks. Field visits to both countries revealed that RONCO has had an impressive impact on the lives and work of a number of individuals who are actively involved with developing and conducting family planning training activities.

RONCO is also working toward this objective in Jordan. Here, national trainers have been identified and plans formulated for their training. Moreover, an opportunity exists to work with a World Bank primary health care program on the family planning and maternal and child health aspects of this project.

RONCO had intended that a series of proposed subprojects in Egypt would evolve into a prototype of the set of activities that would lead to institutionalization of in-country training capability. For reasons beyond RONCO's control, however, project development was halted in 1986. In Morocco, where external factors also intervened, in-country training workshops are designed to increase in-country training capability, but without a country visit it was impossible to assess to what extent the objective was being achieved.

In sum, however, with regard to the overriding project goal of institution building, the conclusion is that only some programs in Tunisia and Turkey have reached a point where they could continue some RONCO-initiated training activities independently or with declining technical support.

Because RONCO has not yet fully articulated standards either for trained trainers or for institutionalization, it is impossible to be more precise than this in assessing RONCO's progress toward this first objective. The term "trainer" is used loosely, and no effort has been made to establish the indicators of knowledge and skill required to achieve an agreed-on level of training capability. In its records, RONCO equates numbers of trainers prepared with number of attendees at TOT. Likewise, although RONCO is developing an instrument to assess institutional development, this has not been applied to any projects (see Objective 5).

Regional Training

2. **The number of regional training institutions able to design and support family planning training projects (through technical assistance, financial support, consultation, and advice services) will increase.**

RONCO has identified three institutions as possible regional centers (the Ariana Clinic in Tunisia, the MOH in Turkey, and the National Training Center in Morocco). None, however, is currently capable of providing continuing services to the region, and RONCO does not anticipate that any will have independent training capacity by the end of the current contract period. On the other hand, three regional training events have taken place--two in Tunisia and one in Turkey--and RONCO continues to make plans relating to the objective. In light, however, of the divergent characteristics of the NENA region and the major training tasks still to be accomplished within each country, it is unlikely that RONCO will have developed ongoing regional capacity before the end of the contract.

Pre- and In-Service Curricula

3. **A number of national pre- and in-service training curricula will be revised to include an adequate family planning component.**

RONCO reports a total of five curricula developed or revised to date. Because no uniform working definition was developed with respect to this PAC II project goal, RONCO adopted an approach that it found appropriate in the local context. Accordingly, one curriculum (developed in Turkey) is to be used by the United Nations Fund for Population Activities (UNFPA) for further training, but the others might better be described as manuals or workshop agendas. The five curricula developed to date are all for in-service training, although plans are under way for some work on pre-service curricula in Turkey. Because physician and nurse-midwifery pre-service curriculum revision and development is being considered and/or implemented in Tunisia and Jordan through separate bilateral agreements, this lack of emphasis on pre-service curricula development seems generally understandable.

Networks

4. **Several regional and national or provincial networks for the exchange and diffusion of experiences, models, and innovations in the training of family planning/PAC personnel will be developed, supported, and sustained.**

At the regional level, the three regional events held to date (see Objective 2) have laid the groundwork for the establishment of networks. No formal communication network (e.g., regularly scheduled regional meetings) has been established, however, to ensure that these networks are utilized. Staff have suggested the establishment of a newsletter or some other form of written communication, but no progress has been made toward implementing this idea.

The same factors that are militating against development of strong regional training institutions come into play to deter the development of networks. Language barriers and cultural and developmental variables may act as disincentives to the development of strong networks. Countries at more advanced family planning program levels may have little interest in gaining experiences and information from countries that they judge to be less developed. On the other hand, the more advanced countries may be able to transfer some of their experience to less developed countries in their region.

At the in-country level, RONCO activities can be credited with helping advance communication that was already

under way among a variety of groups in Turkey, Tunisia, and Jordan. In Turkey, communication between officials of the Ministries of Interior, Agriculture, and Education and the MOH had begun in conjunction with a national immunization campaign. This has continued in the guise of a combined effort to support family planning at the village level (see Objective 1). RONCO's role has been both at the conceptual and organizational stages, sponsoring meetings for representatives of all of the sectors involved, and at the field level, working with trainers who train farmers, teachers, and other groups in the community effort to promote village-level family planning. In Tunisia, RONCO has been involved in promoting exchange between the four existing training teams. At a national TOT workshop in 1986, it also provided the first opportunity for personnel from the ONFP to work with staff from other MOH units.

In Jordan, RONCO training is providing a new experience for nurses and physicians, who for the first time are being trained together in joint workshops. Moreover, the Chief Inspector for MCH Nurse-Midwives presented a report to the workshop group, which consisted mainly of physicians. (Because of a shortage of nurse-midwives, family planning service roles that are typically conducted by nurses in other countries are more likely to be assumed by physicians in Jordan.)

Evaluation

5. **Effective evaluation strategies and a comprehensive data base for formative and summative evaluation purposes will be developed and applied to all training efforts at every level (overall program, training project, training activity, and training session).**

According to available documentation, it would appear that RONCO is both committed to evaluation and knowledgeable about how to execute the process. In practice, however, the contractor has not done a good job of documenting project progress. Little has been developed in the way of a comprehensive data base other than data on numbers of trainees who have attended trainee events. Evaluative efforts at the field level have been limited primarily to the use of pre- and post-tests, plus some participant questionnaires. Reports of training events on record at Durham, however, do not contain adequate documentation. RONCO headquarters' efforts to carry out formative and summative evaluations have also been unsatisfactory: Post-training evaluations have not been done systematically, and six-month progress reports have been somewhat confusing. Part of the problem is that RONCO has neither set standards nor really thought through the evaluative process. The result is that it has not been able to apply lessons learned in evaluation to its programming and planning.

Recently, however, RONCO staff has developed a draft document, "Criteria for Assessing Institutional Strength," for use in analyzing the level of development of family planning training institutions. The assessment list includes planning policy, staff leadership, administration/finance, space, equipment, training materials, training, and evaluation. Each of these items is subdivided into a number of areas. Although the existence of this document indicates that RONCO will attempt to assess how well it is carrying out its contractual obligation of institution building, the extent to which the instrument has been used in host countries is unclear. This represents a good start, but there are some important items missing, for example, numbers of people trained by the institution, development of curricula, and assessment of linkages to other training institutions and relevant agencies.

Service Delivery

6. **Family planning service providers will provide increased and improved services.**

Only in Turkey, where, with RONCO-supplied technical assistance, the MOH had prepared and published reports documenting post-training project results, was it possible to assess (insofar as it is ever practicably possible) whether the project had led to increased numbers of providers, services provided, or numbers of clients using effective family planning methods (the principal indicators of this objective). Here, projects involving community-level workers such as teachers, religious, and other village leaders are believed by the MOH to have increased the numbers of clients referred to family planning services.

In Tunisia, on the other hand, where similar baseline and follow-up data were not available, it was difficult to attribute any changes in number of clients directly to RONCO activity. In Jordan, because RONCO work is still in the developmental stage, judgments are premature.

Management and Supervision

7. **Mid- and upper-level supervisors and managers will more effectively manage and/or coordinate the different components of family planning service delivery (including provision of services, training, logistics, IEC activities, etc.).**

Supervisory midwives are selected in Tunisia, Jordan, and Turkey as members of the regional training teams because of their key role with respect to service delivery. Their knowledge of service delivery problems as well as their function in management contributes to their effective role on the training

teams. In particular, they participated in workshops whose prime purpose was to identify service delivery problems that could be rectified through training.

In Jordan, the Minister of Health has discussed the use of PAC workers in his country with RONCO. Also in Jordan, the National Inspector for Midwives was a member of the team of MOH personnel who were trained in ways to integrate maternal and child health (MCH) and family planning into the primary health care system. Here, however, where family planning services within the public sector are barely operational and many problems exist with respect to management, supply, and operations of family planning services, efforts will continue to be needed to involve supervisors and managers in training activities.

In Turkey, the training designed to strengthen community administrative networks has reached program managers at all levels--local, provincial, and central, including the National Training Director--and has offered such management skills as data collection, planning, and methods of integrating family planning into the primary health care system.

On the other hand, primarily because of staff turnover, RONCO's record has been uneven in the area of provision of technical assistance (TA) for clinical service delivery. With a Technical Skills Coordinator once again in place, RONCO's performance may improve in this regard.

Policy Makers

8. **Policy makers in the region will more effectively promote and support family planning training (through better understanding of both its role and link between training and service delivery) as a result of program efforts.**

Overall, the excitement and motivation of training team members appear to be having results. RONCO-trained trainers are doing a good job in conveying a sense of urgency with regard to family planning in workshops they conduct. Training events for policy makers, where they have taken place, have also been effective in conveying the message of the importance of family planning itself and of training as a part of the national capability to deliver services.

In Turkey, progress has been made in solidifying support for family planning training by including in project activities identification of MOH trainers at central and provincial levels and of two full-time trainers from the Ministries of Agriculture and Education. The MOH officials have attempted to institute a policy change that would make it difficult for personnel trained through RONCO workshops to change

jobs thereafter. Although not entirely successful, this effort reflects a commitment by the Turkish government to the purpose of RONCO training. In addition, national policy makers have made religious pronouncements in favor of family planning.

On the other hand, in Tunisia, although the government has supported creation of teams of trainers, it has provided less than adequate financial support to these teams for logistics, supplies, and planning activities.

As a result of a series of lead-in activities implemented by RONCO, in Jordan the MOH is becoming more receptive to the concept of family planning training. More work is needed, however, to convince the MOH to take a broader approach to family planning efforts, including with respect to providing services and developing a written policy on population.

In Egypt, the MOH has made a major commitment to family planning training in the Systems Development Project. This was recently funded by the USAID mission and may provide a major role for RONCO in training service providers.

On the regional level, workshops conducted in Tunisia (see Objective 2) were directed toward policy-level staff from both the public and private sectors.

Recommendations

- In-country training should be limited to Jordan, Egypt, Tunisia, and Turkey. For countries that have had PAC I projects, the most important area for TA is in institutional development, particularly in respect to organization and management of training. Where there was no PAC I, direct training of family planning service providers is needed (#6).[1]

- In Egypt, concentrated input is required for developing training plans with the Egyptian MOH for the Systems Development Project. This work should be intensive and sufficiently detailed to match Egyptian needs and provide for successful implementation (#7).

- In Jordan, emphasis should be on collaborating with the World Bank management training program to complement its work in a timely way to assist Jordan in initiating family planning services as a part of primary health care. RONCO should continue to provide training for

---

[1]See Chapter VI for a complete summary of recommendations. Numbers placed in parentheses at the end of each recommendation correspond to the number of the recommendation in that chapter.

service delivery personnel, supervisors, and managers. RONCO might also assist at the administrative level to facilitate issuing directives for services and to develop job descriptions for personnel, based on task analyses (#8).

- In Tunisia, organizational and management support for training for regional trainers is still needed. This could include reinforcement for ONFP's Center for Training. It is also important to increase the training capability of the Ariana Clinic (#9).

- In Turkey, RONCO should continue to assist the Turkish MOH to expand the community network training programs to more provinces. It should also provide assistance to the National Training Director in developing family planning in-service programs (#10).

II.2 Output Elements by Quantity

Table 1 presents the 13 quantitative outputs listed in the PAC II contract and RONCO's reported achievements to date.

RONCO has fallen considerably short of expected quantitative goals in several areas. Although the number of in-country institutions is already double that required by the end of the contract, the numbers of trainees in every category are considerably below expectation. RONCO has also fallen woefully short of anticipated expenditure in the participant training category. By the end of the third program year, RONCO had expected to have spent $2,470,000 for training ($497,500 in year 1, $940,000 in year 2, and $1,320,000 in year 3). Instead, it has spent to date only $371,960, $2 million short of its goal.

Explanations for these shortfalls vary. RONCO asserts that A.I.D. must bear some of the responsibility because it has placed such a high priority on institutional development. Although RONCO concurs in this emphasis, it does not believe that strengthening institutions and training people can be done simultaneously. The upshot has been that RONCO has concentrated heavily on developing infrastructure during the first half of the contract in order to pave the way for training activities during the second half. RONCO predicts that the number of people trained should now begin to grow exponentially, so that by the end of the five-year project period, contracted numbers should have been achieved. RONCO's perception of A.I.D.'s emphasis on institutional development, however, was faulty. It is true that A.I.D. called for national and regional institutional development. Meeting these objectives, however, does not preclude the achievement of training the required numbers of PAC workers.

Table 1

RONCO'S QUANTITATIVE ACHIEVEMENTS

Output Element	By End of Contract	Reported to Date
1. In-country training institutions		
o program years of of assistance	14	7.37
o no. of in-country institutions	6	12
o no. of countries	3	5
2. Regional training institutions		
o program years of assistance	8	3
o no. of regional institutions	2	3
o no. of countries	2	3
3. Trainees		
o in U.S.-based programs	36	18
o in regional training	473	75
o no. of in-country trainees, 1st gen.	3,141	1,332
o no. of in-country trng. days, 1st gen.	28,269	6,725
o no. of in-country trainees, 2nd gen.	30,815	3,898
o no. of in-country trng. days, 2nd gen.	123,260	20,132
4. Short-term TA	20	13

The problem seems rather to lie with RONCO, which appears both to have underbudgeted in subcontracts for individual training events and to have failed to use imagination and insight to develop new initiatives for training and technical assistance. Admittedly conditions are difficult and a number of events have set back some plans. In Turkey and Tunisia in particular, however, the absorptive capacity for family planning training funds appears to have been far greater than has been reflected by RONCO's expenditures.

III. PROJECT PERFORMANCE

III.1 Background

III.1.1 Summary

In comparison with the other two PAC II contractors, RONCO has faced two unusual difficulties. First, RONCO was the only contractor that had no previous experience running an organization in the field of family planning. Although it inherited ongoing family planning training activities in some countries, it needed to investigate existing programming opportunities and to develop appropriate strategies and plans. On the other hand, RONCO did have experience in training in other sectors. It proposed staff for the contract who were experienced in family planning programs, and it had overseas management experience.

Also, the NENA region itself is exceptionally difficult, particularly because of the differences among the countries involved in project activities (Egypt, Jordan, Morocco, North Yemen, Tunisia, and Turkey). The differences include language, family planning infrastructure, and prior experience in PAC training.

A detailed discussion of some of these constraints is provided below.

III.1.2 Country Differences

III.1.3.1 Language. Not only does this region have three principal languages, French, Arabic, and Turkish, but there are also differences in dialect among the Arabic-speaking countries and different languages within Turkey (Kurdish is spoken among the people in the east).

III.1.3.2 Existing Family Planning Infrastructure.

- Stage of Family Planning Availability and Contraceptive Prevalence Rates

The countries vary widely with respect to their level of family planning program development and contraceptive prevalence rates. Some countries have had long-standing family planning policies and programs, and others have yet to formulate them. In some countries, health officials responsible for organizing and directing service delivery are out of touch with potential clients and have a notion, often

incorrect, that the populace is not ready for contraceptive services.

- Environmental Sanitation

The general level of hygiene and environmental sanitation seemed high in the three countries visited, and clinical facilities and equipment maintenance suggested a good degree of readiness for providing IUD insertions.

On the other hand, the tests for sexually transmitted disease (STD) and anemia that are a routine part of women's reproductive health care and provision of family planning in developed societies are seldom administered in the region. STD testing is particularly important in relation to use of IUDs.

- Physician/Nurse-Midwife Ratio

Although there tends to be a shortage of nurse-midwives throughout the region, the ratio of these skill categories varies from country to country. In Jordan and Egypt, nurse-midwives are few compared to physicians; in Turkey increasing numbers of nurse-midwives are being trained; and in Tunisia the supply of nurse-midwives is good.

In Jordan, the lack of midwives has made it necessary to train physicians in provision of family planning services. Because women are more acceptable than men as providers of family planning services, particularly in Islamic countries, the MOH has agreed to focus on women for training wherever possible.

III.1.3 Prior Experience in PAC Training

A.I.D.'s involvement in training PAC personnel in family planning has varied among countries, both in the past and at present. The result is that the NENA countries were at different stages of readiness for project activities when the PAC II contract began. The kinds of activities appropriate at present have also been dictated in part by other USAID undertakings.

- Past A.I.D. Activities

Four of the six PAC II countries (Turkey, Tunisia, Morocco, and Egypt) benefited from PAC I efforts, which were conducted by the International Training for Health (INTRAH) project (1979-84). In those countries, RONCO

inherited some infrastructure and institution building on which it has been able to build. In Jordan and North Yemen, by contrast, the need has been to lay the groundwork for project activities.

- Current A.I.D. Activities

Although PAC II calls for both in-service and pre-service training, RONCO is precluded from doing any pre-service training in Morocco, Tunisia, and Jordan, since in these three countries, pre-service training is being carried under bilateral agreements. In Morocco and Tunisia, the bilaterals are with another RONCO division under separate agreements, and in Jordan two other contractors have been awarded the responsibility.

Summaries of country activities assisted by RONCO are found in Appendix D.

III.2 The Planning Process

III.2.1 Strategy

RONCO uses the term "strategy" loosely. In some reports, for instance, under the term "strategy" RONCO describes combinations of in-country, regional, and U.S.-based training. In other reports, RONCO identifies as "strategy" the development of various kinds of networks and the application of "systems approach" to the design of training projects. Strategies for subprojects are described variously as TOT, regional training, governorate-level training, OA, mid-project review, and planning.

Although it is not uncommon with A.I.D. and among its contractors to use the term "strategy" in different ways, RONCO's application of the term appears to reflect a gap in project staff's understanding of what is involved in strategic planning. Whereas the project has dealt to some degree with the various steps normally associated with the process--that is, needs assessment, statement of objectives, development of a plan for resource allocation within a reasonable time frame--it has not tied the elements together in a strategic plan. There is a sense, therefore, that country plans lack direction and structure and are not well coordinated.

III.2.2 Needs Assessment

RONCO has purposely chosen not to conduct the collection of the baseline data that normally lies at the heart

of needs assessment.[2] Instead, in Egypt, Morocco, Tunisia, and Turkey, it has relied primarily on the comprehensive country assessments undertaken by INTRAH for PAC I, which were completed in 1981-82, updating them as necessary. These assessments, coupled with RONCO project managers' extensive knowledge and familiarity with the status of the host countries, constitute the background knowledge on which RONCO's programming decisions have been based.

RONCO staff stated that they use baseline data primarily for monitoring change after projects begin, rather than as an ingredient of the programming process. They suggested that they felt that much of the data collected in needs assessments tended to be "tangential to the effective daily functioning of the family planning training projects and institutions in NENA" and concluded that omitting this step was therefore both "time and labor efficient." RONCO management seemed to know what they wanted to do and in most cases were able to find a fit with host country needs.

III.2.3 Country Plans/Project Design

RONCO has tended to program on an activity-by-activity basis rather than in accordance with an overall country training plan. This approach has some merit, as it builds on existing capabilities and momentum and often achieves a high degree of acceptance.

The disadvantages, however, outweigh the merits. In some cases, decisions made earlier on in project development have

---

[2]A comprehensive needs assessment should consist of collection of baseline data on the following: 1) country-specific data on demographics, infant and maternal mortality rates, and contraceptive prevalence rates (mapped out according to provinces or governorates); 2) health manpower statistics including numbers of professional nurses, midwives, physicians, and trainers; 3) numbers, nature, and types of training institutions associated with health, family planning, and related fields (including an assessment of training management capacity); 4) descriptions of types and numbers of clinical facilities that provide family planning and maternal child health services (both public and private), and descriptions of related family planning projects undertaken by other contracting agencies or donors; 5) status of government policy with respect to family planning programs and training; 6) other information relevant to the planning and design of project activities related to the PAC II objectives; and 7) catalogue of all available training materials as well as those needed.

locked RONCO into specific projects. In such cases, these decisions might have been different if a greater effort had been made to explore alternative programming options. Another problem has been that in the absence of articulated plans, RONCO has been operating without clearcut objectives and thus has had no point of reference to evaluate whether it has been doing an acceptable job (see Section III.4). Its failure to develop a broad perspective about training needs and priorities has also meant that RONCO has not assumed the leadership role in regard to training that was possible. Finally, RONCO's short-term approach to planning presents problems for host governments. The Tunisian government, for example, pointed out that it has had difficulty in drawing up its own five-year plans without being able to include RONCO's own long-range capabilities and plans.

Recommendation

On the basis of existing staff knowledge and accumulated reports and documents, up-to-date country profiles should be developed. These profiles would serve as interim needs assessments, summaries of PAC training history, consultant briefing documents, and possibly learning tools for host country trainers. For the remaining years of the contract, program development should take full account of the larger framework within which family planning training operates, that is, existing absorptive capacities, needs for additional resources, and local requests (#5).

III.3 Training Process[3]

III.3.1 Planning

To lay the groundwork for training events, RONCO has sometimes conducted limited field-based needs assessments or training needs assessments. In Tunisia, for example, regional training team members were brought together to explore the various family planning service delivery problems that exist throughout the country. The trainees listed the problems identified by providers and sorted them into types according to whether they could be solved by training, administration, or attention to logistics. Problems thought to have solutions through training were made the basis of training workshops.

Although this process has helped RONCO identify workshop topics, RONCO trainers have not succeeded so well in articulating the objectives to be achieved through specific training events. Learning objectives have tended to be expressed

---

[3]Additional information on the training process is provided in Appendix E.

in terms of acquisition of knowledge without mention of clinical, communications, attitudinal, or decision-making skills.

III.3.2 Overall Approach

RONCO provides training for first generation trainees through in-service workshops that last anywhere from 2.5-12 days (average 7.2 days). TOT training projects may include a cycle of 3-4 short workshops with the same trainees. In general, the time involved does not seem adequate to cover all the material. As a rule, neither the time available for individual workshops nor across workshop cycles has allowed trainers to meet objectives. In particular, very little time has been available for supervised practice teaching, a necessity if trainees are to master the skills of participatory teaching. Although RONCO has provided some follow-up TA, this has also been insufficient.

III.3.3 Content

III.3.3.1 TOT. Training objectives are articulated in terms of facts to be assimilated, and the emphasis of the training itself is on knowledge content, not skills. The range of subjects has varied from issues of needs assessments, program planning, and evaluation to specific areas of clinical family planning skills; information, education, and communication (IEC); client "reception"; and development of networks for community health and family planning. RONCO has shown considerable flexibility in attempting to provide training content in whatever areas host nationals have identified as their most important needs. In the absence of task analysis and job descriptions, however, the content may not be tied directly to skills needed in service delivery.

RONCO trainers have consistently attempted to provide exposure to participatory methods, using a wide range of these during workshops. On the other hand, they provide little in the way of discussion of the theoretical underpinnings of the participatory approach or of the relationship of this methodology to the overall goals of any training activity. Even without the theoretical context, however, many RONCO-trained trainers stated that the most significant change introduced by RONCO was the practical application of participatory training methodology. A number added that whereas they previously had been given theoretical training in participatory methods, RONCO was the first to show them how to put those theories into practice. One trainer who had developed a number of visual aids after training said RONCO training had made her realize that she did not need artistic talent to prepare teaching materials.

Although RONCO-trained trainees are eagerly putting participatory methods to use, and although some are using creativity and imagination in the process, their skill level could be increased. Additional training at this point would capitalize on existing momentum and excitement and set the stage for institutionalization of these skills over the long term.

III.3.3.2 Family Planning Service Delivery/Clinical Skills. The focus on participatory methods has particularly serious implications with respect to clinical skills training. From the start of the project, RONCO has been aware of the close link between clinical skills and the ability of the project to achieve its long-term objective of increasing availability of family planning services. Only recently, however, was consensus reached among the six NENA countries that clinical training in family planning was indeed a need. RONCO guidance was an ingredient of this decision, and it moved quickly to respond to the countries' request that a survey of the current status of clinical training should be undertaken as a first step. The survey, which took place in Tunisia, Turkey, Jordan, and Egypt, was undertaken by RONCO's Technical Skills Coordinator. The goal was to evaluate clinics and develop training plans to fill needs identified. The approach represents a good start, but review of the available documentation suggests that several other important aspects of clinic operations need attention. These include a) observations of service delivery to clients; b) attention to clinic service provider job descriptions and role responsibilities (particularly for nurses and midwives); c) the role of clinic supervisors and their functions of monitoring performance (a, b, and c were included in the survey but treatment was inadequate); d) descriptions of clinical facilities, equipment, instruments, and supplies; e) attention to methods of maintaining appropriate disinfection and asepsis of equipment and instruments; f) evaluation of clinical facilities and staff resources for training practicums; and g) clinic staff responsibility for data collection and service monitoring. In particular, attention was lacking with regard to the client/provider interface, a key ingredient in enhancing the awareness of RONCO trainers, staff, and consultants of training needs at the clinical level. Although many of these aspects of clinical operations are outside the PAC II mandate, trainers do need to be aware of constraints that will face providers in a clinic setting.

A related deficit area was the relationship between family planning and MCH. In most countries in the NENA region, health services are the accepted norm and the issue is how to integrate family planning into these services. In a few cases, however, family planning providers are freestanding--for example, Egypt has many stand-alone family planning clinics, and other countries offer separate days for family planning. In these

cases, family planning service providers need to appreciate that they are health care workers first. It is as important for family planning workers to be able to articulate health care needs of mothers and children as it is for health workers to have an understanding of the role played by family planning in child and maternal well-being.

It should be noted, however, that RONCO materials and its training plans include information on the full range of family planning methods. The material includes the advantages and disadvantages of each method and information on where the various contraceptive can be obtained.

III.4 Evaluation

RONCO's initial project proposal called for evaluation of all training projects, activities, and individual sessions as well as evaluation of the overall program. Whereas project management was to be responsible for evaluation of the overall project as well as for formative and summative evaluation of training (see Section V.4.3), RONCO trainers and consultants were expected to work with their NENA counterparts to carry out the more immediate evaluation and assessment activities. These were expected to include

1. for training projects, collecting needs assessment/ baseline data prior to program implementation;

2. for training activities, preparing and administering pre- and post-tests; collecting and analyzing trainee biodata; and in some cases, carrying out field follow-up three months after the completion of training; and

3. for training sessions, evaluation of content and presentation by both trainees and trainers, with RONCO providing TA as needed.

RONCO's commitment to evaluation is evident not only in its project proposal but also in its annual training plans, subcontracts, and activity plans. In practice, however, RONCO staff have had difficulty in carrying out these intentions, primarily because insufficient thought has been given to how to use the various methods that were stipulated as evaluation techniques.

At the training project level, RONCO's failure to collect the baseline data needed to develop statements of objectives against which project progress could be measured has seriously compromised the evaluation process.

For training activities, RONCO has primarily depended on pre- and post-tests and participant feedback techniques to assess the quality of training. The pre- and post-tests, however, are not always used, and sometimes the pretests do not provide evidence of trainee skill levels, focusing instead on their objective knowledge. Recently, behavioral-based pre- and post-tests have been developed, which should provide a better picture of trainee abilities. Little useful work has been done in carrying out the other evaluation activities called for: Trainee biodata have been collected, but there was no evidence that summaries of the data had been made or conclusions drawn as to how training might be changed in light of the data. Likewise, follow-up took place, but it was too little and too late and therefore failed to support the RONCO-trained trainers in their various roles as trainers after the end of TOT workshops.

A more fundamental flaw in RONCO's approach to evaluation of training activities is that the project has no overall set of criteria by which to identify the type and degree of knowledge and skill needed by a competent trainer. Without a fixed notion of standards to be met, RONCO has no objective basis on which to assess the quality of training provided in its workshops.

With respect to training sessions, again no guidelines exist by which to judge training content. Assessments of written plans and data produced by trainees have been used as indicators of the quality of content, but without objective measures (e.g., checklists, written criteria, etc.) it is difficult to make judgments, let alone inform trainees about their performance.

RONCO is aware that the prime value of evaluation is as a management tool to be used in ongoing planning and programming and to some degree has transferred this idea to host country trainers. In Tunisia and Turkey, people involved in training activities are aware of the function of evaluation, pay attention to pre- and post-tests, and sometimes use feedback techniques to modify aspects of training. On the other hand, there have also been instances where host countries have rejected the evaluation forms (Egypt, Tunisia) or failed to carry out required procedures. Moreover, even in the best of instances, neither RONCO trainers nor their host country counterparts have made evaluation an integral part of the programming process.

III.5 Curriculum Development/Training Materials

III.5.1 Curriculum Development

RONCO's achievements in the area of curriculum development have been modest. It has sponsored the development of five curricula in total, three in Morocco and one each in

Turkey and Egypt. Of these, only the one in Turkey has been used more widely than at RONCO-sponsored training sessions; the Turkish module was used first to train 212 village workers in 17 provinces and then was expected to be used again by the United Nations Fund for Population Activities (UNFPA) for similar training in seven additional provinces. The other curricula examined seemed more like manuals or workshop agendas, suggesting that RONCO may not have a clear idea of what is involved in the concept of curriculum development.

All curricula developed to date has been for in-service training. Plans are under way for preservice training for midwives in Turkey, however, which would build on joint efforts of RONCO and The Pathfinder Fund to develop curricula. The emphasis on in-service curricula is generally appropriate because--at least in Tunisia and Jordan--physician and nurse-midwifery preservice curriculum revision and development will most likely be implemented through the separate bilateral agreements (see Section III.1.3).

III.5.2 Training Materials

RONCO's performance in development and distribution of materials has been disappointing. Although some imaginative teaching aids were developed by host trainers in Morocco, Turkey, and Tunisia, an absence of appropriate materials characterized the training programs visited.

Moreover, too little effort has been made to distribute the work done. One exception was a puzzle game developed in a RONCO-sponsored training event in Morocco. The game was used as a model during TOT workshops in Tunisia and will eventually be included in a compendium of training materials to be developed by RONCO. On the other hand, teaching models, posters, and other audio-visual materials developed in Turkey were not disseminated. Presumably, RONCO might have made use of the MOH's printing and binding facilities, which it uses effectively to develop its own reports on training, to reproduce RONCO-produced materials that it then could have distributed.

There was evidence at every level that needed materials were not being furnished. Training materials such as books, periodicals, articles, manuals, films, posters, games, and so forth were rarely seen in the training programs visited, and training team members and service providers all attested to the paucity of materials at hand.

For example, discussion with two midwives who were participating in a three-day workshop in Tunisia revealed their frustration with not having available reports of current clinical family planning technology. They were aware of their country's

efforts to implement NORPLANT services but had received no written material updating them on this method of contraception. Only in Morocco, where early trip reports indicated an expressed need on the part of host nationals for assistance with training materials development and books, has RONCO taken quick action. Here libraries were provided for each province to support physician training, and two resource manuals were given to each trainee.

Plenty of appropriate materials exist that could be used in TOT and in other courses. For example, among international sources, comprehensive family planning clinical service protocols are available both in U.S. clinic services and those of other countries. These could be used as prototypes for host country protocols, appropriately modified to fit conditions in the NENA region. Country-specific materials exist in some cases. For instance, one of the universities in Ankara has completed and printed translations of manuals dealing with family planning clinical services. Again, RONCO could have taken a stronger role in promoting widespread use of these materials for its training. Also, it could have taken a bigger role in translating such materials into Arabic.

Recommendation

Attention needs to be directed to providing trainers the training materials they need to develop adequate program content. A catalogue of currently available books, manuals, journals, articles, and other teaching materials should be developed. A set of these materials should be provided to all the trained trainers. Sets of existing family planning clinical service protocols should be made available to clinical providers in the NENA region. Providers would be in a better position to implement protocols if they had a basic set to discuss with their colleagues and to modify according to conditions within their countries. The best of these materials should be translated into Arabic. Materials development could also be the focus of regional training workshops or U.S.-based training (#11).

IV. REGIONAL AND U.S.-BASED TRAINING

Although RONCO has focused most of its energies on developing or improving in-country training capacity, it has also made some effort to carry out its contractual objectives with respect to both regional and U.S.-based training.

IV.1 Regional Training

Under PAC II, RONCO was expected to devote 50 percent of its resources to regional training in order to establish two regional training centers. RONCO's approach has been to identify institutions in different countries that have special skills capabilities: The Ariana Clinic in Tunisia, a well-organized, high-quality service site that has been providing training for Tunisian as well as African service providers for some years, has been designated for its clinical skills training specialty, as has the MOH in Turkey for evaluation skills and the National Training Center in Morocco for IEC.

The clinic in Ariana, Tunisia and the MOH in Turkey will be involved in practicum regional training for Jordanian trainers. The Ariana clinic will also be one of three practicum sites for the training of these physicians in IUD insertion and other family planning clinical services under the overall supervision of the ONFP, which had been the institution recommended by PAC I as a potential regional training site.

Although RONCO will continue to provide assistance to these three institutions over the remainder of the project, it does not anticipate that any of the three will be capable of providing ongoing services independently by the end of the project.

RONCO has, however, taken some other steps in the area of regional training. It has, for example, organized three regional training events, two in Tunisia and one in Turkey. Morocco had been envisioned as the site for a Family Planning Association management training workshop, but political considerations resulted in the site being switched to Tunisia. The regional meeting that occurred in Tunisia focused on needs assessment, the one in Turkey focused on clinical services, and the third, in Morocco, co-sponsored by Management Services for Health (MSH) and International Planned Parenthood Federation (IPPF), focused on key management issues in family planning associations in the Arab world. As a result of these workshops, increased levels of communication and collaboration have been fostered for the first time (e.g., during the Tunisia meeting, people from both the private and public sector in Turkey began

discussing their work together, signaling the beginning of a fruitful collaboration).

In addition to sponsoring these workshops, RONCO has pursued other avenues to further regional training. One such effort is its development of a system of classification for regional training.[4] A second is the preparation of a draft paper suggesting that the target group for regional training should be the central training team members, who would share education and development with their regional colleagues. A third, a plan for providing regional training on the use of computers and electronic technology, has been discussed, but the evidence shows that there is neither the basic hardware nor the technical resources available within host countries or RONCO to take advantage of computer-assisted data management.

Though useful, none of the activities described above has gone to the heart of the issue: strengthening the institutions designated to provide regional training. The fault may be in part RONCO's, which may have failed to research thoroughly the potential of the various institutions it has selected. The great differences among countries, however, raise the question of whether regional training may be an appropriate goal.

Recommendation

Efforts to implement regional training in the use of microcomputers and data management should be postponed (#12).

IV.2 U.S.-Based Training

RONCO has utilized U.S. training opportunities in accordance with the quantitative expectations of the contract, having underwritten costs for 18 participants to attend workshops. Four institutions were used: the Centre for Population and Development Activities (CEDPA) and the University of Santa Cruz (both for management-type issues) and the University of Connecticut and the Institute for Training and Development (both for TOT). RONCO staff has worked closely with each to ensure that project objectives would be fulfilled though the courses to be utilized. It is not clear, however, that these well-established courses were always the most appropriate for

---

[4]The classification is as follows: events that are organized and implemented by RONCO for representatives from several regions (type A), those that are organized by in-country institutions with support or TA from RONCO (type B), and those that are organized by in-country institutions without help from RONCO (type C).

NENA needs. For example, more consideration might have been given to selecting places that offered practical experience in training methods, development of training materials, curriculum development, clinical services delivery visits, or orientation to public health services that deliver integrated MCH/family planning services. If such courses were not readily available, RONCO could have sought to have them designed specially.

Selection of candidates for U.S.-based training is always a delicate matter but insofar as possible, RONCO has attempted to ensure that appropriate candidates were selected.

V. ORGANIZATION AND MANAGEMENT

V.1 Organization

V.1.1 Headquarters

The RONCO unit that manages PAC II is located in Durham, North Carolina. It is a relatively new (1984) division of a larger corporation, RONCO Consulting Corporation, a private, for-profit organization that has its executive offices in California and other offices in the Washington, D.C. area. The Washington office manages RONCO's bilateral contract for family planning with the USAID Missions in Tunisia and Morocco.

The choice of Durham as headquarters for management of the PAC II contract was based on expediency: The individual who had been identified as Project Director preferred the Durham location to Washington, a more logical option. RONCO now plans to reassign the Project Director to another position within the corporation, thus negating the rationale for a Durham headquarters. This personnel change offers a good opportunity to close the Durham office and to relocate the operation to the RONCO offices in Washington. This move would both reduce overhead and provide for closer collaboration with other RONCO technical staff and family planning contractors as well as with A.I.D. population officers.

The RONCO Durham office staff is small, consisting of nine people: the Project Director, the Evaluation Coordinator (who also acts in lieu of the Project Director during the latter's field travel), the Technical Skills Coordinator, the Fiscal Officer, and five junior staff (two project assistants, an administrative assistant, and two secretaries).

In general, the management of the RONCO contract appears very centralized. At the top level, RONCO Consulting Corporation remains in close communication with the Durham office and appears to monitor financial and executive decision making at all levels. At the program level, although responsibility for management of the six country programs is theoretically subdivided among three Durham staff members, in fact there is little delegation of authority and all decisions are made by the Project Director (see Section V.3.1).

V.1.2 Regional Headquarters

RONCO has a regional office located in Tunisia which is technically responsible for all project management in Tunisia, Turkey, Egypt, and Jordan. The office, however, has no financial management responsibilities or knowledge of the budget, a

situation that appears to undercut its ability to exert independent management authority (see Section V.3.1). Staffing for the PAC II project includes a Regional Program Officer and a PAC II Project Officer, the latter a position that is currently vacant. Considering the magnitude of the task, both geographic and technical, this vacancy is a serious drawback. The physical facilities also serve as the office for the bilateral project for Tunisia. The two projects share a secretary and various items of office equipment.

Recommendations

- **Immediate consideration should be given to phasing out the Durham office and to shifting operations to RONCO's Washington office (#3).**

- **A small key staff should be retained in Washington with the complementary skills required to fulfill the PAC II contract. In areas where specialized skills are required, these should be subcontracted (#4).**

- **The regional office in Tunis should be strengthened by filling the vacant position with a French speaker who has family planning training and management skills. The office should also be assigned more responsibility and authority for regional operations (#2).**

V.2 Staff

V.2.1 RONCO Staff

In all countries visited, host country people spoke highly of RONCO staff, who were described as successful in conveying a sense of mission and were recognized as valuable partners in promoting family planning training efforts. Examples of staff dedication and energy, initiative, and creativity were evident in both Durham and the field.

Not all staff, however, had the preparation and experience needed for their jobs. Initial staffing appears to have been good, but high turnover has resulted in the loss of well-qualified staff and their replacement by relatively inexperienced people with little development experience. Particularly apparent at present are gaps in curriculum development, nursing/midwifery, training methodology, evaluation and research, and data management. The addition of a Technical Skills Coordinator has increased the organization's clinical capability. His second role, as coordinator of training materials development, may also serve to upgrade RONCO's performance in this regard (see Section III.5.2). The Evaluation Coordinator also has the requisite skill components.

Perhaps the most critical problem, however, is in the area of overall program management, where experience is lacking at the top level in project development and evaluation, provision of technical assistance, and bureaucratic procedures. The project is now at the point where progress needs to be consolidated, and these skills are essential to this process.

Recommendation

A new project director should be appointed. The new director needs both management and technical skills. Management skills should encompass organizational leadership, project development, and evaluation. Experience in working with different levels of government bureaucracy in the provision of TA should be required. Technical skills should comprise training methodology and family planning services (#1).

V.2.2 Consultants

RONCO uses TA to supplement its own staff resources, particularly in those areas where it has inadequate in-house capabilities. Reliance on external consultants has proved useful for some discrete functions, but it has also presented problems in controlling quality and effectiveness and assuring project continuity. Comments from host country nationals indicated some unevenness in the effectiveness of consultants employed by RONCO. In some instances, consultants did not have the level of language skills required for particular training events; in others, consultants appeared not to agree with host country nationals on project objectives.

Part of the problem may be that RONCO has devoted too little time to preparing and briefing consultants for their assignments. Consultant trip reports included complaints of inadequate time in country to prepare for training events. This problem relates to management and budgeting.

RONCO also uses some technical consultants drawn from countries within the region; these have generally been very effective in training workshops. To date, however, no technical consultants have been identified from among the many trainers RONCO has trained under PAC II. Development of such a cadre, although not spelled out specifically as a project objective, is certainly a logical outcome of project activities as trainers become increasingly skilled in various aspects of family planning training.

Recommendation

The possibility of grooming selected trainers for consulting roles in neighboring countries needs to be explored (#13).

V.3 Management of Training

V.3.1 Headquarters

Management of individual training events is highly centralized. Though theoretically in the hands of a RONCO staff member working with a host country administrator, in fact control has rested with the Project Director in Durham. Although he has weighed staff inputs, ultimately he has made all the decisions.

Field observations indicated that management of training events has not always been smooth. There were many instances of plans that were too vague, resources that were too limited, staff changes that were made precipitously, and trainers who were overloaded. The presumption that the fault lies ultimately with headquarters was borne out in one specific example. A RONCO Project Manager, assuming a submitted plan had been approved, had proceeded to develop a certain workshop. Two months into the activity, just prior to implementation, word was received from Durham that major sections were unacceptable. This development on the eve of the planned event considerably undermined the Project Manager's field credibility and also wasted time and money.

In some case, delays may not have been RONCO's fault. In both Turkey and Jordan, because of external factors, RONCO needed to postpone scheduled events. In each case, RONCO's staff worked rapidly to make the necessary adjustments that would enable these activities to be reinitiated.

V.3.2 Field Level

At the field level, RONCO staff appear to do a good job in managing the administrative and logistical details that are in their control and in sharing this aspect of management with their host country counterparts. On the other hand, RONCO staff have not always involved host country nationals in determination of scope of work and project development. USAID personnel in Egypt expressed the opinion that the contribution of RONCO could have been strengthened had RONCO taken more time to develop in-country plans. Time spent this way would have given RONCO trainers more opportunity to develop relationships, support, and credibility with host country trainers. This failure also represents a lost opportunity to provide TA in management, which is an essential ingredient in the eventual institutionalization of host country training capability.

Recommendation

The management and organization of training in a number of the NENA countries could be strengthened by further TA. RONCO

may need to go outside its own organization to obtain assistance in assessing management and organizational variables and inputs needed (#14).

V.4 Reporting, Monitoring, and Evaluation

V.4.1 Reporting

RONCO has not documented project activities clearly or thoroughly. This failure is particularly serious with regard to training events. Here, the only methodical effort to collect data has been through participant information forms and training activity forms, which primarily indicate numbers of trainees. These numbers are diligently collected and forwarded to Durham for tabulation. Although RONCO appears to have an adequate record of quantitative output, the data handling at the Durham office (data compilation, entry, cleaning, and analysis) has not always proceeded smoothly.

RONCO has not systematically compiled or analyzed the outcomes of training activities. Reports on training events tend to be incorporated into trip reports and do not stand alone as training activity reports. Such trip reports often include addenda that relate to training, but conclusions drawn by the organization are not available. As a result, information on trainee qualifications, teaching methods, evaluation designs, or outcomes are not consistently available.

RONCO is also required to produce, as part of the evaluation process, semiannual progress reports and, as part of the planning process, annual program plans. These reports have often raised more questions than they have answered: It is sometimes difficult to distinguish between what was planned and what was actually done from reading the reports.

V.4.2 Monitoring

RONCO's efforts to apply computer technology have been misguided. Although it has developed the capability to communicate by computer between Durham and Tunisia and between individual staff offices in Durham, the project has made no effort to select key indicators and data to monitor project progress. Even if RONCO had fully computerized its data, however, its failure to collect baseline data during needs assessments would have seriously compromised any attempt to monitor project progress (see Section III.2.2).

V.4.3 Evaluation

In addition to the evaluations anticipated as part of the training process (see Section III.4), RONCO proposed that overall evaluation of PAC II achievements would be instigated at two points:

- Overall Program, through a midterm evaluation (this report) and through semiannual progress reports; and
- Training Projects, through formative project follow-up 6-18 months after each event and a summative evaluation at the end of each project.

The Durham office has not carried out these activities well enough to provide a clear picture of project progress to date. It has a good idea of quantitative progress, but its semiannual summary reports are confusing (see Section IV.4.1) and post-training evaluations have been done only sporadically.

On the bright side, RONCO's efforts to develop an evaluative instrument to assess progress toward institutionalization is an innovative and potentially rewarding step. With appropriate improvements, this assessment list should give a good picture of the ultimate measure of project accomplishment--institutional development (see Section II.1).

At present, however, what seems to be elusive is an operacional plan to organize evaluative data and incorporate such data into ongoing planning and programming. The absence of an organized data management system hampers any effort RONCO might make to use evaluation as a management tool.

Recommendation

A clearly conceptualized and written plan or strategy for evaluation is required at all levels. This should include a plan for evaluation of RONCO's own performance and a plan for evaluating programs and activities in host countries. Because evaluation can be only as good as the original identification of measurable objectives, a plan for data gathering and analysis is also necessary. This should include a specific number of variables that relate to project objectives and firm procedures for acquiring needed data.

Staff should be trained in the new evaluation procedures (#15).

V.5 Collaboration with Other Contractors

Although RONCO has to some degree collaborated with other contracting agencies in specific host countries (e.g., MSH

and the Pathfinder Fund in Turkey), the results have been minimal. RONCO reports that other contracting agencies do not always share information and that agendas are viewed as sufficiently different as to warrant little contact.

RONCO appears to be missing a chance by not making more of an effort to share resources and expertise. Where RONCO identifies a training need for which it does not have technical expertise, another contractor might be able to supply the technical input. Similarly, RONCO could benefit from other contractors in terms of staff development, or it might obtain books, manuals, and other materials for host country trainers. In particular, opportunities are good in Jordan, where the World Bank is engaged in developing a management training project with which RONCO might collaborate, and in Turkey, where the IPPF is apparently ready to fund training through its affiliate, the Family Planning Association of Turkey (FPAT), if plans should be developed. Collaboration with JHPIEGO and the Family Planning Management Training project as well as the other PAC contractors should also be encouraged whenever possible.

Possibilities also exist for developing collaborative linkages in operations research and in documenting successful programs in family planning training. The community networks project in Turkey, for example, is sufficiently innovative and rewarding that other countries could benefit from learning about it.

Recommendations

- **In Turkey, RONCO should work with the FPAT to assure development of fundable plans that can be submitted to IPPF (part of #10).**

- **Objectives for institutional strengthening should take into account other donor agencies and other educational, management, and private sector groups that might be able to reinforce the training capacity of existing health institutions (#16).**

- **In order to share some of the lessons from PAC II projects that might be effectively replicated elsewhere, RONCO should seek out collaborative relationships with possible researchers. Turkey's program on community networks, for example, is a program that deserves to be more widely known (#17).**

VI. SUMMARY OF RECOMMENDATIONS

VI.1 Priority Recommendations

VI.1.1 Management

VI.1.1.1 Filling of Staff Vacancies.

1. A new project director should be appointed. The new director needs both management and technical skills. Management skills should encompass organizational leadership, project development, and evaluation. Experience in working with different levels of government bureaucracy in the provision of TA should be required. Technical skills should comprise training methodology and family planning services.

2. The regional office in Tunis should be strengthened by filling the vacant position with a French speaker who has family planning training and management skills. The office should also be assigned more responsibility and authority for regional operations.

VI.1.1.2 Relocation of Headquarters.

3. Immediate consideration should be given to phasing out the Durham office and to shifting operations to RONCO's Washington office.

4. A small key staff should be retained in Washington with the complementary skills required to fulfill the PAC II contract. In areas where specialized skills are required, these should be subcontracted.

VI.1.2 Project Implementation

VI.1.2.1 Planning Process.

5. Country status summaries should be developed and plans made that have measurable objectives based on prior commitments to host countries, PAC II priority needs, and available resources.

VI.1.2.2 Priorities for Project Continuation.

6. Given current project commitments and management difficulties, further in-country training should be limited to Jordan, Egypt, Tunisia, and Turkey. For countries that have had PAC I projects, the most important area for TA is in institutional development, particularly with respect to organization and management of training. Where there was no PAC

I, direct training of family planning service providers is needed. Specific strategies for the four countries where continued activities are recommended are set forth immediately below.

VI.1.2.3 Individual Country Strategies.

7. Egypt--Concentrated input is required for developing training plans with the Egyptian MOH for the Systems Development Project. This work should be intensive and sufficiently detailed to match Egyptian needs and provide for successful implementation.

8. Jordan--Emphasis should be on collaborating with the World Bank management training program to complement its work in a timely way to assist Jordan in initiating family planning services as a part of primary health care. RONCO's participation could include provision of training for service delivery personnel, supervisors, and managers. RONCO might also assist at the administrative level to facilitate issuing directives for services and to develop job descriptions for personnel, based on task analyses.

9. Tunisia--Organizational and management support for training for regional trainers is still needed. This could include reinforcement for the ONFP's Center for Training. It is also important to increase the training capability of the Ariana Clinic.

10. Turkey--RONCO should continue to assist the Turkish MOH in expanding the community network training programs to more provinces. It should also provide assistance to the National Training Director in developing family planning in-service programs. Finally, RONCO should work with the Turkish FPAT to assure development of fundable plans that can be submitted to IPPF.

VI.1.3 Materials Development

11. Attention needs to be directed to providing trainers the training materials they need to develop adequate program content. A catalogue of currently available books, manuals, journals, articles, and other teaching materials should be developed. A set of these materials should be provided to all the trained trainers. Sets of existing family planning clinical service protocols should be made available to clinical providers in the NENA region. Providers would be in a better position to implement protocols if they had a basic set to discuss with their colleagues and to modify according to conditions within their countries. The best of these materials should be translated into Arabic. Materials development could also be the focus of regional training workshops or U.S.-based training.

VI.2 Secondary Recommendations

VI.2.1 Regional Training

12. Efforts to implement regional training in the use of microcomputers and data management should be postponed.

VI.2.2 Consultants

13. The possibility of grooming selected trainers for consulting roles in neighboring countries needs to be explored.

VI.2.3 Management of Training

14. The management and organization of training in a number of the NENA countries could be strengthened by further TA. RONCO may need to go outside its own organization to obtain assistance in assessing management and organizational variables and inputs needed.

VI.2.4 Evaluation

15. A clearly conceptualized and written plan or strategy for evaluation is required at all levels. This should include a plan for evaluation of RONCO's own performance and a plan for evaluating programs and activities in host countries. Because evaluation can be only as good as the original identification of measurable objectives, a plan for data gathering and analysis is also necessary. This should include a specific number of variables that relate to project objectives and firm procedures for acquiring needed data.

Staff should be trained in the new evaluation procedures.

VI.2.5 Collaboration

16. Objectives for institutional strengthening should take into account other donor agencies and other educational, management, and private sector groups that might be able to reinforce the training capacity of existing health institutions.

17. In order to share some of the lessons from PAC II projects that might be effectively replicated elsewhere, RONCO should seek out collaborative relationships with possible researchers. Turkey's program on community networks, for example, deserves to be more widely known.

APPENDIX A

SCOPE OF WORK

Appendix A

SCOPE OF WORK

Scope of Work for Evaluation of Project 936-3031,
Family Planning for
Paramedical/Auxiliary/Community Personnel II (PAC II)
for Contract with

RONCO Consulting Corporation, Contract DPE-3031-C-00-4084

Purpose and Scope of the Evaluation

The purpose of this evaluation is twofold:

—to assess the validity of the project design, to examine how well it is being implemented and to make general project and specific recommendations for each of the four geographic regions;

—to assess the progress being made by each contractor toward achievement of project objectives.

Recommendations made on both the project and contract-specific evaluations will contribute to decisions on project effectiveness and continuing need.

The questions to be addressed in the external evaluation include but are not limited to the following:

A. Project Design

(NOTE: This section will be addressed by the team which prepares the overall project evaluation report. However, each evaluator will be asked to submit any observations made during contract-specific evaluations which might contribute to this section.)

1. Are the purpose and objectives appropriate to improve and increase family planning service delivery and were they derived from an accurate assessment of needs?

2. Is the project's strategy, (as outlined in the four output elements of each contract) appropriate to meet each objective?

3. Are family planning programs and PAC training needs sufficiently uniform worldwide to permit a global project design, or, should there be significant variations in the scope of work of the PAC contractors by region?

B. Meeting Project Objectives Through Implementation of Major Activities or Outputs

1. To what extent is each contract objective being achieved at this stage of implementation?

2. Overall, how well does the contractor develop strategies and plan activities to meet contract objectives and produce specified outputs?

3. Are the contractor's country needs assessments and training designs appropriate and effective tools to prioritize needs and make decisions on how to allocate project resources?

4. To what extent have the three contractors collaborated/shared information between themselves regarding common problems and approaches? Have the contractors integrated their efforts with other Office of Population and bilateral projects and if so how has this been done and has it been successful?

5. What is the current or projected usefulness or value of training materials developed, included as project/activity components, or provided as reference resources for family planning trainers and supervisors by each of the contractors?

C. Project Management

1. How have the following factors affected the implementation of contract/project activities?

—organizational/administrative set up at headquarters and regional offices;
—starting or permanent positions;
—management of subcontracts and subprojects including procurement and monitoring procedures;
—selection of and administrative support for technical assistance (consultant) personnel.

2. What are the recommendations for improvement of project management for each contractor?

D. Reporting, Monitoring and Evaluation

1. What types of monitoring and evaluation systems have the contractors used to assess overall performance in project implementation? Do these systems guide contractors in their achievement of project objectives? To what extent have technical monitoring and trainee/training system follow-up efforts been effective in sustaining improvements and institutionalizing family planning training for PAC workers?

2. How has each contractor attempted to evaluate the impact of their training efforts on improved and increased family planning service delivery?

3. How or through what means has each contractor attempted to strengthen the capability of LDC organizations to utilize evaluation findings? Has this been institutionalized by any LDC organizations?

4. Assess the quality and usefulness of documenting second generation training, especially as it relates to demonstrating a multiplier effect attributable to contractor activities. Should this information continue to be collected? Does it impose unnecessary reporting requirements on former trainees and on contractors?

E. Project Impact

1. What impact have the contractor's population/family planning training efforts (e.g., use of training teams, use of LDC consultants) had on the institutionalization of such training?

o has contractor identified and utilized effective strategies to increase training capability of LDC institutions and agencies? Have sufficient training materials been developed and are they appropriate?

o have assisted institutions and agencies been able to maintain training programs with decreased technical support?

o what has been the experience on incorporating FP into basic training for health workers? Has sufficient work been accomplished in this area?

2. In what ways has contractor-supported population/family planning training affected the delivery of FP/MCH services? What increase in numbers of PAC personnel who are providing family planning services can be attributable to project activities?

3. Have any of the strategies which have been employed by the contractors to develop LDC regional training resources resulted in a technically viable regional family planning training institution? If so, what is the model and is it transferable?

4. Are any unplanned effects of any contract activities evident? Are they positive? neutral? negative?

5. What, if any, project materials or activities (e.g., training approaches, training materials, project development strategies, evaluation approaches, etc.) have applicability beyond the PAC II project?

F. Recommendations

1. Is there a continuing need for PAC training assistance in each of the geographic regions, i.e., Africa, Asia, Latin America/Caribbean and Near East/North Africa? What kind of assistance, and do the needs vary for each region?

2. Are changes in the project design necessary, based on the analysis of the present project design, implementation of major activities, project management, reports, monitoring and evaluation, and progress in meeting project objectives? What is the team's assessment of new activities/directions to be pursued?

3. What are the options for improving performance in the remaining period of the contract?

4. Has A.I.D.'s investment in this project been worthwhile in extending family planning services and education?

APPENDIX B

PERSONS CONSULTED AND AGENCIES CONTACTED

Appendix B

PERSONS CONSULTED AND AGENCIES CONTACTED

UNITED STATES

RONCO North Carolina Office

Mr. Tom Milroy - Project Director
Ms. Anne Roberts - Evaluation Coordinator
Dr. Oluremi Sogunro - Technical Skills Coordinator
Ms. Barbara Jackson - Fiscal Officer
Ms. Anne Albee - Administrative Officer
Ms. Sara Salama - Project Assistant
Mr. Salim Khalaf - Project Assistant
Ms. Nada Fuleihan - Temporary Project Assistant
Ms. Larn Huar-Phillips - Secretary-Receptionist

RONCO California Office

Mr. Ron Boyd - President

EGYPT

USAID

Charlotte Cromer - Population Development Officer

TUNISIA

RONCO Regional Office/Tunis

Mr. Abderrezak Thraya - PAC II Regional Officer
Mr. Anwar Bach Baouab - Project Manager, Bilateral Agreement
Ms. Danielle Kamal - Secretary
Dr. Jane Lucas - Consultant, PAC II

USAID/Tunis

Ms. Kim Shrader - Program Assistant Population Officer

Office National De La Famille Et De La Population (ONFP)

Mr. Monji Bchir - Director, Centre National de la Formation et de Recyclage
Mr. Ahmed Beltaief - Director, International Cooperation
Dr. Khiri - CFR Coordinator for North East Training Team
Pr. Hedi M'Henni - President Directeur General
Mr. Mohammed Beji - Regional Delegate, Central Region
Mr. Abdel-Wahab Abdi - Regional Trainer, Central Region
Mr. Najib Belhadji Ali - Regional Trainer, Central Region
Ms. Miriam Melika - Regional Trainer, Central Region

Ariana Clinic

Mr. Abdennather - Director, ONFP Regional Delegate, Ariana

Souuse Clinic

Ms. Maktouf Faouzia - Consultant Midwife

El Amouri Institute

Dr. Taher El Amouri - Director, Consultant, PAC II

JORDAN

USAID/Amman

Ms. Doris El Khaen - Assistant Population Officer
Mr. Lewis Reade - Director
Mr. Richard Johnson - Deputy Director

Ministry of Health

H.E. Dr. Zeid Hamze - Minister of Health
Dr. Suleiman Qubain - Director, Primary Health Care
Dr. Zeid El Kayed - Director, Maternal and Child Health
Ms. Munira Shaaba - Chief Inspector of MCH Nurse Midwives

Amman Training Center

Dr. Zeid El Kayed - Director
Dr. Ahmad Ismail Ammar - Medical Officer

Jerash Directorate

Dr. Sueliman Haddadeen - Director of Health
Dr. Abdullah Abu Alia - Medical Officer
Ms. Najla Farhan Bataiseh - Certified Midwife

Irbid Directorate

Dr. Mouin Saed Al Ghoul - Director of Health
Dr. Mahmoud Al Aksh - Director, Irbid MCH Center
Ms. Fadwa Gaser - Medical Officer, Irbid MCH Clinic
Ms. Zaubie - Midwife, Irbid MCH Clinic

Karak Directorate

Dr. Fawaz Halso - Director of Health
Dr. Adnan Al Dhmour - Director, MCH Center
Ms. Mamaahi Haddadeen - Supervisory Midwife

RONCO Consultant

Dr. Waleed Alkhateeb

TURKEY

United States Embassy

Mr. Carl Matthews - Labor Attache

Ministry of Health

General Directorate of Maternal and Child Health/Family Planning

Central Office, Ankara

Dr. Guler Berzirci - General Director
Mr. Ugur Aytag - Deputy Director
Ms. Zubeida Ozanuzu - Trainer
Ms. Fatma Uz - Trainer
Ms. Aybegum Findik - Translator

Icel Province

Dr. Yilmaz Aksoy - Health Director
Mr. Huseyin Turan - Education Director
Mr. Mustafa Pilanci - Health Officer, Provincial Trainer
Ms. Gulbeyaz Ersoy - Nurse, Provincial Trainer
Ms. Nilgun Turnaboyu - Nurse, Provincial Trainer
Ms. Ulker Yildiz - Agricultural Worker, Provincial Trainer
Mr. Selami Aydin - Teacher, Provincial Trainer
Mr. Nejat Ustunel - Financial and Administrative Officer

Iliman Village

Mr. Duran Karaca - Teacher
Ms. Ayse Karaca - Teacher
Mr. Ahmet Ali Aydogmus - Multar
Mr. Sukru Kararmaz - Imam
Mr. Aslan Gormex - Forester
Ms. Kennet Ay - Nurse
Mr. Ali Oxhan - Health Officer
Ms. Mihriban Yilmaz - Teacher

Kayseri Province

Dr. Ismail Ulusoy - Health Director
Ms. Sadiye Tanrikut - Health Trainer, Provincial Trainer
Ms. Emine Topcuoolu - Midwife, Provincial Trainer
Dr. Rabia Karaooz - Physician, Provincial Trainer
Mr. Cevat Ozgug - Health Trainer, Provincial Trainer
Mr. Mustafa Muti - Agricultural Technician, Provincial Trainer
Mr. Gungor Tepeli - Teacher, Provincial Trainer

Family Planning Association of Turkey

Central Office

Dr. Ziya Durmus - Vice President
Ms. Semra Koral - Executive Director
Ms. Ulku Ongun - Board Member
Ms. Guzide Taranoglu - Board Member
Mr. Sebahattin Alpat - Board Member
Mr. Taucer Pamir - Director, Worker's Training Project
Mr. Baki Durmaz - Training Coordinator
Ms. Fatma Yildiz - Field Supervisor, Woman-to-Woman Project
Mr. Atila Gumus - Field Supervisor, Youth Programs
Ms. Ulker Elgin - Field Supervisor, Woman-to-Woman Project
Mr. Sami Can - Trainer, Worker Training Program
Mr. Mehmet Kurt - Administrative Director

Institute of Child Health, Istanbul

Dr. Olcay Neyzi - Director
Dr. Aysen Bulut - Assistant Professor of Public Health
Dr. Turan Kutluay - Associate Professor of Nutrition
Dr. Medret Uzel - Associate Professor of Social Pediatrics

Turkish Family Health and Planning Foundation, Istanbul

Dr. Yaser Yaser - Director

APPENDIX C

USAID CABLES ASSESSING RONCO PERFORMANCE

ACTION COPY

UNCLASSIFIED

Department of State

FILE

INCOMING TELEGRAM

PAGE 01 AMMAN 07993 081328Z 8267 096686 AID8456
ACTION AI

ACTION OFFICE POP-04
INFO AMAD-01 POPR-01 PPPB-02 ANTR-06 STHE-02 SAST-01 IT-06
HHS-09 ANME-03 OMB-02 RELO-01 /038 A0

INFO LOG-00 EB-00 NEA-04 L-03 /007 W
112314 081524Z /38

R 081319Z JUL 87
FM AMEMBASSY AMMAN
TO SECSTATE WASHDC 2482

UNCLAS AMMAN 07593

AIDAC

FOR S AND T/POP/IT, MARILYN SCHMIDT

E.O. 12356: N/A
SUBJECT: VISIT OF PAC II EVALUATION TEAM

1. MISSION CONCURS WITH VISIT OF THREE PERSON EVALUATION TEAM FOR PAC II IN SEPTEMBER OR OCTOBER AS REQUESTED IN TELCON LAST WEEK.

2. RONCO SUBPROJECT AGREEMENT NOT YET SIGNED BY MOH. TRAINING ACTIVITIES MAY NOT BE UNDERWAY AT THE TIME OF EVALUATORS; VISIT

3. EVALUATORS MIGHT FOCUS ON THE ROLE TRAINING CAN PLAY IN OPENING OPPORTUNITIES FOR FURTHER INTERVENTION IN PROVIDING FAMILY PLANNING SERVICES.

4. ANY BASELINE DATA, STATISTICAL OR DESCRIPTIVE, GATHERED BY TEAM THAT WILL DOCUMENT START-OF-PROJECT LEVELS OF FAMILY PLANNING SERVICES WILL BE VALUABLE TO MISSION FOR POST-TRAINING COMPARISONS.

5. PLEASE FORWARD EVALUATION BACKGROUND CABLE THIS MONTH AND ETA OF TEAM AS EARLY AS POSSIBLE IN AUGUST.
(APPR/DRAFT: ELAWRENCE).
BOEKER

UNCLASSIFIED

JUL 9 1987

TO : Marilyn Schmidt, S&T/POP/IT

FROM : Carl S. Abdou Rahmaan, USAID/Rabat/PHR

SUBJECT: Family Planning Training for Paramedical, Community and Auxiliary Workers (PAC II), RONCO Support to Morocco Program.

Further to our discussions, I've noted below a few observations concerning RONCO PAC II support for the Morocco program.

1. For a number of reasons, RONCO has been unsuccessful in executing an overall PAC II assistance agreement in Morocco. Changes in key MOPH positions and extended delays in the Ministry's internal approval process have figured significantly among the problems encountered. However, RONCO must accept major responsibility for its inability to date to execute a long term agreement with the Ministry. During the earlier visits under the contract, RONCO had difficulty in delineating the areas within which RONCO was capable and willing to assist the Ministry and in providing MOPH and USAID officials specific information concerning the magnitude of resources available to finance this assistance. This inability to develop an overall agreed strategy appeared to result from RONCO's desire to develop detailed individual subprojects in each area of proposed assistance prior to reaching agreement on an overall strategy.

2 The early departure of the RONCO Technical Coordinator for the Morocco program and some travel contraints on the part of the project manager also contributed to RONCO's inability to finalize an assistance plan for Morocco.

3. Also, RONCO decided early on, possibly at AID/W's encouragement, to minimize contract, and as a result coordination, with staff for the RONCO FP training bilateral contract with the Mission.

4. In general, I don't believe the planned emphasis on regional training is sound, given the diversity of the countries represented in the region and I believe RONCO could make more effective use of incountry (Morocco) TA resources for PAC II activities.

ACTION COPY

UNCLASSIFIED

Department of State

INCOMING TELEGRAM

PAGE 01 SANAA 05427 221238Z 6977 105549 AID0370
ACTION AID-00

ACTION OFFICE POP-04
INFO SEOP-01 ANPD-05 SERP-01 PPCE-01 PPPB-02 SEOS-02 ANTR-06
STHE-02 SAST-01 IT-06 ANME-03 RELO-01 /035 AI X22

INFO LOG-00 CIAE-00 EB-00 DODE-00 NEA-04 /004 W
166444 221339Z /38

R 221216Z JUL 87
FM AMEMBASSY SANAA
TO SECSTATE WASHDC 5506

UNCLAS SANAA 05427

AIDAC FOR ST/POP/IT, SCHMIDT

E.O. 12356: N/A
SUBJECT: EVALUATION OF PROJECT 936-3031, RONCO

REF: STATE 213105

1. PER PARA 6, RONCO'S ACTIVITIES FOR YEMEN HAVE BEEN LIMITED TO A BRIEF COUNTRY ASSESSMENT, AND ONE NE REGIONAL CONFERENCE.

2. THE RESULTING REPORT WAS NOT CONSIDERED HELPFUL BY THE MISSION, AS THE MAJOR SUGGESTED ACTIVITY WITH HEALTH MANPOWER INSTITUTE WOULD HAVE DUPLICATED ONGOING WORK OF ANOTHER CONTRACTOR (PRAGMA). SOME ERRORS IN INTERPRETATION OF KEY ORGANIZATIONAL ROLES WERE ALSO NOTED BY THE MISSION.

3. PAC II ASSISTANCE WITH MIDWIFERY TRAINING WOULD BE OF GREAT IMPORTANCE TO MISSION'S TWO ONGOING HEALTH PROJECTS. THERE IS AN EXTREME SHORTAGE OF MIDWIVES AND MOH MUST HIRE EXPENSIVE EXPATRIATES TO FILL GAPS. HOWEVER, LIMITATION OF TRAINING TO FAMILY PLANNING WOULD NOT BE APPROPRIATE. KATTOUF

JUL 23 1987

UNCLASSIFIED

51

UNCLASSIFIED

Department of State

INCOMING TELEGRAM

FILE

PAGE 01 TUNIS 09695 011115Z 4873 022435 O 4 4
ACTION AID-00

ACTION OFFICE POP-04
INFO ANPD-05 AMAD-01 PDPR-01 PPPB-02 ANTR-06 STHE-02 SAST-01
IT-06 HHS-03 ANME-03 OMB-02 RELO-01 TELE-01 /044 A0

INFO LOG-00 OES-09 /009 W

O 011117Z SEP 87
FM AMEMBASSY TUNIS
TO SECSTATE WASHDC IMMEDIATE 1962

UNCLAS TUNIS 09695

AIDAC

E.O. 12356: N/A
SUBJECT: POPULATION: CONCURRENCE FOR TRAVEL OF EXTERNAL EVALUATION TEAM FOR NEAR EAST/NORTH AFRICA PAC II ACTIVITIES OF RONCO CONSULTING CORP.

REF: STATE 265212

1. WITH REFERENCE TO REFTEL, USAID/TUNIS CONCURS TRAVEL OF SHEILA WARD, HAMOUNDA HANAFI, AND JENNIFER BRYCE FOR EVALUATION OF PAC II ACTIVITIES NEAR EAST/NORTH AFRICA TO TUNIS SEPTEMBER 6-10, 1987.

2. WITH REFERENCE TO ASSESSMENT FRAMEWORK IN REFTEL 213105: (A-C) IMPLEMENTATION AND INTEGRATION OF PAC II AND BILATERAL TRAINING ACTIVITIES HAVE BEEN FACILITATED BY THE USE OF SAME CONTRACTOR OPERATING FROM SAME REGIONAL OFFICE. PAC II IN-SERVICE TRAINING IS DESIGNED TO COMPLEMENT PRE-SERVICE TRAINING UNDER BILATERAL PROJECT; (D-E) INTRODUCTION OF PARTICIPATORY AND DECENTRALIZED TRAINING (E.G. CREATION OF REGIONAL TRAINING TEAMS) HAVE CONTRIBUTED TO THE INSTITUTIONALIZATION OF A SUCCESSFUL TRAINING PROGRAM; (F) NUMBER OF PAC PERSONNEL PROVIDING FP SERVICES THAT CAN BE ATTRIBUTED TO PROJECT WILL BE PROVIDED BY ONFP TO EVALUATION TEAM; (G-H) USAID/TUNIS BELIEVES INVESTMENT IN THIS PROJECT HAS CONTRIBUTED POSITIVELY TO FP/EDUCATION IN THE COUNTRY AND MERITS CONTINUED ASSISTANCE. PELLETREAU

SEP 1 198

UNCLASSIFIED

62

APPENDIX D

SUMMARY DESCRIPTION OF COUNTRY PROGRAMS

Appendix D

SUMMARY DESCRIPTION OF COUNTRY PROGRAMS

The following narrative capsulizes RONCO's activities in five NENA countries. Attachment A provides an overall picture of these activities in tabular form.

Egypt

RONCO's activities in Egypt have not been linked by one governing strategy. Rather, they reflect opportunities that have arisen to work with four organizations representing four different target groups: nurses, PAC workers in specific locations, policy makers, and MOH staff. The latter is RONCO's most recent undertaking. It includes RONCO in a larger Systems Development Project sponsored by the U.S. mission and holds the promise of improving the Egyptian government's institutional capacity to provide family planning services on a wide scale over the long run.

The first of the four groups with which RONCO worked was the professional nurses' association, the Egyptian Nursing Syndicate (ENS). RONCO held a conference with the ENS that dealt with the role of the Egyptian nurse in improving family and community health with an emphasis on family planning.

The second group was the Alexandria Institute for Training and Research in Family Planning (ITRFP), with which RONCO has collaborated on two activities. The first activity was to train PAC workers in two governorates. These plans were subsequently set aside because of a change in USAID direction. The second activity was strengthening the ITRFP management and involved assisting the group with reviewing its financial structure and developing a method of estimating training costs.

RONCO has also worked with the Egyptian National Population Council (ENPC) in sponsoring a conference on family planning management. This activity involved consultant work to develop a curriculum on family planning management.

A buy-in from the Systems Development Project to train MOH workers in family planning is being planned. Considerable further effort and inputs are clearly justified in light of the potential benefits of this activity.

Jordan

The thrust of RONCO's strategy in Jordan has been to work to improve the government's still rudimentary capability to deliver family planning services. All RONCO's activities have

been with the MOH, and two of the five workshops held have concentrated on how to integrate MCH/family planning within the existing primary health care system.

A subproject to extend family planning training over a two-year period is currently near the final stages of agreement. There are many additional opportunities in Jordan, particularly through collaborating with a planned World Bank management training project.

Morocco

In Morocco, RONCO has worked exclusively with the Ministry of Public Health (MOPH); its activities do not appear to have been governed by an underlying strategy. Rather, it has focused variously on three separate groups.

RONCO's first endeavor was with physicians and involved training in communication and supervisory skills as applied to MCH family planning programs. The second focused on curriculum development and organization of training for home visiting motivation staff. The third activity was providing guidance in evaluation of training in communications. Although useful in themselves, none of these subprojects has laid the groundwork for future RONCO activities.

Tunisia

In Tunisia, RONCO inherited from INTRAH four regional training teams established under PAC I, each of which is responsible for family planning training in six or seven governorates. The MOH has an active National Family Planning Office (ONFP), which has a training center. In addition, the Ariana Clinic has provided training in family planning service delivery to Africans. RONCO has capitalized on these resources, having undertaken a total of sixteen workshops for the training teams on needs assessment, program planning, implementation and evaluation. Two RONCO staff members reported that workshops conducted by one of the training teams was of superior professional quality.

Turkey

Of the five countries with which RONCO has worked, Turkey has received the highest level of funding. As in other countries, RONCO has worked with different groups in a variety of activities. In Turkey, however, it has found in each instance fertile ground for continuing involvement.

For instance, as a result of assistance given in 1985 to the Institute of Child Health (ICH) to provide family planning

training to MCH service providers, quarterly training is still going on, and the continued enthusiasm and motivation of ICH staff is very much in evidence.

RONCO's major partner has been the General Directorate of Maternal and Child Health and Family Planning (GDMCHFP), which is involved in a government-wide activity to strengthen community networks to support MCH family planning at the village level. This project is innovative and successful, and RONCO's training has been able to contribute to its success through various activities, including training of various management and training personnel, holding a strategy meeting to design a countrywide in-service training system, and strengthening the family planning training skills of faculty nurse-midwives.

Most recently, RONCO began a subproject with the IPPF affiliate, the Family Planning Association of Turkey (FPAT), to strengthen its family planning program activities. IPPF may be ready to fund additional activities if they are developed through RONCO initiative.

Appendix D

ATTACHMENT A

Country/Total Calculated Trainee Equivalent	Target Group/ Description of of Activity	Subcontractor	Expenditures* (in dollars)	Status
Egypt/149.44	Conference re role of Egyptian nurse in community	Egyptian Nursing	18,500	Completed
Syndicate (ENS)	health/FP			
	Plans to train PAC workers in two governorates	ITRFP	54,243 (unspent)	Aborted before carried out
	Assistance re financial procedures	ITRFP	2,000	Completed
	Conference on FP management, incl. curriculum dev.	Egyptian National Population Council (ENPC)	65,000	Completed
	Train MOH workers	MOH - Systems Development Project	USAID buy-in	Under development
		Total	$139,743	
Jordan/127.44				
	5 workshops on integrating FP into PHC, data collection, planning, and TOT	MOH	91,000	Completed
	2-year extension of team training	MOH		Under development
		Total	$91,000	
Morocco/73	4 workshops incl. physician training in communication/ supervision	MOPH	78,511	Completed

*In-country costs

Country/Total Calculated Trainee Equivalent	Target Group/ Description of of Activity	Subcontractor	Expenditures (in dollars)	Status
	Curriculum development/training for home-visiting staff	MOPH	800	Completed
	Evaluation of training in communications	MOPH	25,000	Completed
		Total	104,311	
Tunisia/108.22	16 workshops for four regional training teams in needs assessment, program planning, implementation and evaluation	ONFP	317,420	Completed
		Total	317,420	
Turkey/232.44	FP training to MCH service providers	ICH	22,000*	Completed
	2 workshops on FP	FPAT	82,160	Completed
	10 workshops including workshops on strengthening community networks and strengthening FP training skills of faculty nurse-midwives	GDMCHFP	278,987	Completed
		Total	$383,147*	

*Estimated, as $22,000 is a budgeted figure, not an expenditure.

APPENDIX E

REPORT ON TRAINING METHODOLOGY

REPORT ON TRAINING METHODOLOGY[5]

Jennifer Bryce

This report is based on interviews with RONCO staff and consultant trainers as well as those they have trained, visits to training and service delivery locations, and a review of available documentation. Observations were also made of two training activities carried out by teams trained by RONCO: a workshop for midwives carried out by the Central Regional Training Team in Monastir, Tunisia; and a follow-up meeting for male school teachers conducted by the Provincial Training Team in Kayseri Province, Turkey.

"The underlying assumption of this report is that training courses should be designed to equip the participants with all necessary skills to conduct their work in a competent, professional way. Therefore the objectives for each course should be directly related to the work for which the trainee is being trained, the teaching/learning methods should be chosen and implemented to serve this purpose and the way in which learners are assessed should be designed to find out whether the learners will be competent to provide appropriate health care. It is the above set of assumptions which have been the basis for the evaluation."

Learning Objectives

The learning objectives for the training activities investigated rarely appeared to be based on a careful task analysis of the new or expanded roles for which participants were being trained. In most cases such role definitions had not been articulated. In addition, assessments of existing knowledge and skills among trainees were limited to written pretests or in some cases informal interviews, precluding a careful identification of what was already known and its relationship to the new knowledge and skills to be learned.

---

[5]These comments have been prepared within the framework used by Fred Abbatt in the preparation of the INTRAH East Africa Report, and sections enclosed in quotation marks have been taken directly from that manuscript. Several of the issues addressed with respect to East Africa have only limited applicability in the NENA region due to RONCO's focus on in-service rather than pre-service training. Material related to the more general issues (e.g., regional support, evaluation of training activities) has been incorporated into the main body of the NENA Region report and will not be given further attention here.

The great majority of learning objectives across RONCO training activities related to the acquisition of knowledge. Relatively little attention has been given to the acquisition of clinical or communications skills, and attitudinal or decision-making skills were generally ignored. Neither the objectives nor the training plans included sufficient time and attention to the application of new knowledge to field settings or to the achievement of competence in the practice of skills. The tendency to overemphasize knowledge to the exclusion of other types of learning was even more pronounced among second-generation training activities. In the future, more attention should be given to the development of objectives that cover the full range of learning needed by trainees to perform the tasks for which they are being trained.

Care should also be taken to develop objectives that reflect the expected outcome of the training rather than the process through which those outcomes will be achieved. For example, a learning objective that states that the trainee will be able "to discuss" a particular subject reflects the teaching method to be used rather than what is to be learned.

Within training workshops, little attention is given to the relationship between specific learning activities and the objective they are designed to fulfill. Educational techniques differ in their effectiveness as tools for facilitating the achievement of specific types of objectives. Role play, for example, is better suited to the development of communications skills and to attitude change than to the teaching of knowledge. Given the predominance of knowledge objectives among the training activities investigated, the strong bias against lectures as a method of transmitting information that has been fostered by RONCO should be reviewed. If the transfer of factual knowledge remains a priority, training of trainer (TOT) activities should include instruction in the use of interactive lecture techniques as one possible method for facilitating learning. Overall, increased attention to the matching of content and methods to learning objectives, both in individual sessions and across workshop programs, would facilitate the achievement of objectives and reduce the amount of irrelevant material included in workshop curricula.

At all three levels (program, training activity, and individual teaching session), the absence of full documentation made it difficult to assess either the methodological approach or its results. With few exceptions, reports of training activities have been incorporated into trip reports, and essential information on trainee assessment, teaching methods, and evaluation designs and outcomes often was not available. In the future, complete reports should be prepared for each training activity and should include a specification of the learning objectives; descriptions of individual teaching sessions and how

each contributes to the achievement of objectives; the content of what is to be learned as well as the process through which it will be taught; and full needs assessment and evaluation data. If in-country institutions are to prepare these reports, they should be offered technical assistance and their work should be promptly reviewed by RONCO. Mechanisms for ensuring feedback and the incorporation of evaluation and assessment information into future training plans should be developed.

Time Allocation

RONCO training activities to date have consisted of in-service workshops of short duration. TOT training projects often include a cycle of three or four short workshops with the same group of trainees. As a rule, the time available both within individual workshops and across workshop cycles has not been sufficient to meet the stated objectives. Although the workshop agenda may be designed to include sessions on the needed array of topics, there was consistently too little time available for the trainees to master the material and engage in supervised practice. To its credit, on several occasions RONCO has arranged for consultant visits after a workshop to provide additional technical assistance in areas not able to be covered adequately during the formal training period. A more efficient approach, and one less frustrating to trainees, would be to design workshops that allow adequate time within the training period for the achievement of the stated objectives and possibly to limit the number of topics covered per course.

Although the time available has not been sufficient to meet learning objectives across all training content areas, the use of a cycle of brief workshops is expected to be particularly unsuited to the training of trainers in participatory methods. Such training requires considerable opportunities for supervised practice and co-teaching over extended periods of continuous training. If the other professional responsibilities of trainees prevent the planning of longer training periods, learning objectives must be carefully formulated to permit their achievement within the time available.

Teaching Methods

A commitment to participatory methods is evident throughout RONCO's work in the region, both in the organization of continuing in-service training activities and at the level of individual workshops and sessions. In general, RONCO trainers use a variety of participatory training techniques, and these methods have been well received by trainees. The methods used in workshops carried out by those who were trained by RONCO showed creativity and imagination, particularly among trainers with

wider exposure to participatory approaches through experience with PAC I or other training programs. Training teams are highly motivated to use participatory methods but will need more assistance if they are to use them effectively.

In general, those trainers who have been trained primarily by RONCO are not yet competent in the use of participatory training techniques. Up to this point, little explicit training in educational methods has been provided in RONCO TOT activities. Even without explicit methodological training, however, teams trained by RONCO are conducting training activities and applying the methods they have observed in RONCO workshops. In Turkey, for example, Family Planning Association staff are conducting sessions using participatory methods based only on their modeling of techniques used by RONCO trainers. Further TOTs focusing on the use of participatory methods are badly needed. As indicated earlier, the design of these TOT activities should take into account the need for extended training periods with supervised microteaching rather than relying on the model of brief intermittent workshops that has been used previously.

In those instances when TOT workshops have included a focus on teaching methods, the training has been insufficient. Inadequate time was provided for supervised practice teaching, and there were few opportunities for trainees to work as co-trainers with a person experienced in the use of participatory methods. Follow-up visits to observe trainees and provide feedback have not been systematically conducted, although there have been efforts to do so in Turkey and Tunisia.

Among some RONCO trainers and many of their trainees, there was a tendency to assume that the use of participatory methods was an end in itself rather than a means of achieving a learning objective. Evidence for this lies in the use of process statements as learning objectives, the limited time available in workshop agendas for consolidation of learning and its application to field settings, and the observation that some training teams were using participatory games or exercises without having agreed on the desired learning outcomes of the experience. Within the experiential learning model adopted by RONCO, there has been a disproportionate emphasis on providing an experience for trainees, with little attention to the generalization of that experience nd its application to field setting.

Along the continuum from RONCO trainers to the TOT teams to second-generation training activities, there was an increasingly heavy emphasis on the use of small group/report back techniques to the exclusion of other methods. Unfortunately, it seems that participatory techniques were also associated in some cases with a reduction in the planning and preparation time

needed by trainers and that trainee reactions to their experiences were being substituted for planned and guided learning outcomes directed toward the achievement of objectives. In short, although RONCO has succeeded in generating high enthusiasm and motivation for participatory methods, further training is imperative to ensure that the techniques are used effectively.

Use of Visual Aids

In Tunisia, the training team used flip charts effectively and had arranged to show two films on recent advances in contraceptive technology. Videotape and playback equipment were used during the workshop, although the relationship between the use of the equipment and the learning to be achieved by trainees was insufficiently specified. In Turkey, handouts and games developed by RONCO trainers were being reproduced for use in second-generation training, overhead projectors were available and reportedly used, and a variety of types of simple models had been developed by trainers or adapted from earlier PAC I programs. TOT participants were highly motivated to use visual aids in their teaching and were fully using the materials available to them.

Despite these observations, there are serious shortages in both training materials and skills for their development across the countries visited. Current technical information is also not readily available to training teams. Contractual agreements by RONCO to provide technical resource materials had frequently not been met, and existing reference books and training materials had often not been distributed. In summary, RONCO efforts to increase the availability of training in both the development and use of visual aids is badly needed; to date such efforts have been limited to the demonstration of techniques by RONCO trainers.

One factor affecting the availability of visual aids and resource materials in the region has been language. The countries do not share a common language, and even among Arabic speaking nations there are variations in dialect and the difficult issue of whether to use the colloquial or classical form of written Arabic. There are strategies for overcoming such difficulties, however. For example, the Ministry of Health in Turkey has full-time translators who have begun to adapt existing materials to national needs. Translation and modification of materials at the country level could be facilitated by providing out-of-country training in materials development to host country trainers with second-language fluency. Skills in materials development could also be a focus within TOT workshops, and technical assistance could be provided in the development of efficient dissemination mechanisms for those materials and

resources that are available. Such alternative strategies should be an urgent priority for the remainder of the project period.

Learning Materials

Only the most basic learning materials were available to trainees participating in in-service workshops under the RONCO subcontract. A review of the notebooks and materials kept by trainees in three separate workshops indicated that personal notes made up the greatest part of the materials, supplemented by occasional agendas and handouts. As reported, RONCO is not perceived by trainees to have provided them with significant learning materials, either in the form of books or handouts.

Assessment of Courses

"The assessment procedure for a course should:

- provide evidence for deciding whether a student passes or fails the course and therefore qualifies for providing an F.P. service.
- guide the students learning during the course by providing information on areas of strength or weakness.
- give feedback to the teachers about the effectiveness of their teaching so that they can adapt their teaching in order to remedy deficiencies."

These criteria have guided this evaluation, although in the context of in-service training the focus of the first shifts to the demonstrated competence of the trainees to fulfill the new aspects of their role, and the second has limited applicability because of the brevity of the training period. The assessment process was also compromised by the absence of clear post-training role definitions for participants against which to measure learning.

The primary procedures for assessment of student progress in the training activities investigated were the use of written pre- and post-tests and the review of products developed through the training activity, such as action plans or written lists of service delivery problems. The use of pre- and post-tests has been sporadic, both in TOT workshops and in second-generation training activities. In at least one case the instruments were developed by the trainers and had to be abandoned because of logistical and translation constraints. The material covered in some pretests does not cover the full range of objectives for the training activity, and comparative pre/post scores are not consistently available in the documentation. Clear procedures were not reported for using information gathered through pretests to guide the design and content of training. In Turkey and Egypt, informal assessments of pretraining skills were

conducted through interviews between RONCO trainers and host country representatives.

Assessments of written plans and data produced by trainees have been used in some instances to guide future training activities. Unfortunately, no objective measures (e.g., checklists, written criteria) have been used to evaluate these products or to document the success of follow-up efforts designed to remedy deficiencies. There are also no systematic procedures or written forms designed to provide feedback to trainees about the work they produce.

Recent efforts by RONCO technical staff show an increasing awareness of the importance of the assessment process. Preliminary guidelines for the use of behaviorally based pre- and post-tests have been developed, a series of clinical assessments has been conducted, attempts have been made to conduct more widespread field follow-up for trainees in both program planning and training skills, and the suggestion has been made that a consultant develop criteria for the evaluation of action plans. These are positive developments that should be pursued.

Summary

It is difficult to assess the effectiveness of training methods used under the RONCO subcontract given (1) the absence of clear definitions of the anticipated roles of trainees following their training and the resultant lack of clearly defined objectives and (2) the variable quality and comprehensiveness of the documentation of training activities. Within this context, it appears that there has been considerable success in fostering enthusiasm for participatory methods and in stimulating a commitment to second-generation training. Additional support should be provided to capture this momentum before it is lost. Further training in the use of participatory training methods should be provided and supported by a rapid increase in attention to the provision of training materials and technical resources. Initial efforts to improve procedures for trainee assessment should be pursued and expanded.