

23742

# PHILIPPINES TRIP REPORT

October 8 - November 17, 1992

Family Planning Logistics Management Workshop

and

Training of Trainers Workshop

for

CARE Philippines

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Project

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## INTRODUCTION

The purpose of this technical assistance visit was to design and conduct two separate courses for CARE/Philippines newly hired family planning project officers (FPPO's): one on logistics management and one on training techniques.

As part of the overall technical assistance provided, the FPLM training coordinator assisted the FPLM/Philippines staff working in the Department of Health Technical Secretariat to finalize the national contraceptive distribution and management information system (CDMIS) and to complete the development of training curricula. Upon completion of the necessary curriculum, a 9-day logistics management training course was held in Iloilo. The training team was then joined by another FPLM training advisor in order to conduct an 8-day Training of Trainers course in Silang. This technical assistance trip also served as a form of follow-up evaluation to the Logistics Management Workshop and the Training of Trainers courses attended by three of the FPLM/Philippines staff in Washington in June 1992.

We would like to thank the FPLM/Philippines staff who served as trainers and CARE/Philippines for their cooperation and administrative support for both training events. We particularly appreciate the effective juggling roles that CARE's national family planning coordinator, Rose Ann Gaffud, managed as both a participant and as CARE's central office representative with responsibility for providing administrative support for both training courses. Additionally, we appreciate the juggling that FPLM's resident advisor, Dave Alt, managed as facilitator, then participant, then facilitator again, as well as DOH/TS's representative for policy.

## RECOMMENDATIONS

The training consultants make the following recommendations:

1. Due to recent revisions of the CDMIS, as an outcome of the training, a training advisor from FPLM/Washington should return to help finalize the Delivery Team Training curriculum, develop the one-day training for Rural Health Units nurses.
2. An FPLM training advisor should visit the Philippines in early 93 to conduct a follow-up training evaluation of the recently trained CARE family planning program officers (FPPO's). The advisor would focus on determining how well the FPPO's are doing in their logistics management work, including delivering training courses and would also assess the effectiveness of the different curricula designed.
3. There should be another follow-up evaluation trip 4-6 months after the first one by a training advisor to further assess the effectiveness of the training curricula, and to provide feedback to assist in the development of the CARE/Philippines FPPO's training skills.

## **BACKGROUND**

During the first technical assistance trip by the FPLM training coordinator, (see Philippines Trip Report, Proper, July - August, 1992) a training needs assessment was conducted, resulting in a detailed job task analysis for the new CARE family planning program officers (FPPO's). Also during the previous trip, the training coordinator assisted the FPLM/P staff working in the MOH to further develop the Contraceptive Distribution and Logistics Management Information System (CDLMIS).

Using the results of the in-country training needs assessment, the FPLM Washington trainers developed a curriculum for the 2-week Training of Trainers and a partial curriculum for the 2-week Logistics Management Workshop. The Logistics workshop curriculum was completed in-country one week before the actual training began, which allowed time to redesign certain sessions to reflect the recent changes to the system that occurred since the needs assessment was completed.

During the interim period between the two training technical assistance trips, the FPLM/P staff continued to evaluate the implementation of the CDLMIS in the pilot regions. The results of the evaluation trip to the Region 6 pilot region, aided the FPLM staff to make changes to the Contraceptive Order Form which is the main information gathering form in the LMIS.

## ACTIVITIES AND FINDINGS

- I. The FPLM training coordinator assisted the FPLM/P staff to finalize the design of the Contraceptive Order Form which is at the heart of the CDLMIS. (see appendix 2 for Philippine LMIS forms)
- II. The training coordinator facilitated the final development of the logistics management curriculum. The three staff members who attended the TOT and Logistics Management Workshops in the US were able to demonstrate and further develop their skills in training curriculum design.

It was very important that there was time in-country to finalize the curriculum as there were significant changes and decisions made about the system after the training needs assessment had been completed.

- III. Upon completion of the necessary curriculum, all the FPLM/P staff and the training coordinator flew to Iloilo to conduct the 9-day training course for the CARE FPPO's and members of the CARE central staff. (see appendix 1 for the participant and trainer lists) The training course covered the basic principles of good logistics management as well as the specifics of the Philippine CDLMIS. (see appendix 3 for Goals and Objectives and appendix 4 for the Schedule) The 9 days included one full day devoted to a field practicum where the participants had an opportunity to determine first order quantity needs for actual facilities. The FPLM team was able to make use of the practicum by refining the CDLMIS based on the CARE FPPO's ability to explain the system at actual facilities. The procedures for calculating emergency orders was simplified based on how well the FPPO's were able to complete such exercises during the training.
- IV. For the next workshop on Training of Trainers methodology, Reed Wulsin, Training Advisor for FPLM, joined Proper and Amable as co-facilitator. The participants were the 14 FPPO's and the national coordinator and a person from CARE's training unit. Also joining as a participant the first week, was David Alt. The 9 days devoted to TOT were very exhausting to everyone, but well received and extremely necessary as a great part of the FPPO's jobs in the beginning is to involve stand-up training. Like the Logistics Management Workshop, the TOT was very practical with lots of opportunities for the participants to practice what they were learning. The TOT included a two-day practicum where the participants had an opportunity to actually facilitate Delivery Team Training sessions to outside participants brought in by CARE and the MOH. (see appendix 5 for TOT Goals and Objectives and appendix 6 for the TOT Schedule)

As with the Logistics Management Workshop, the TOT provided the FPLM team with an opportunity to refine parts of the CDLMIS based on the

FPPO's experience teaching the system. Of course, the FPPO's represented a range of experience and maturity. The younger and less experienced FPPO's tended to have more difficulty conducting training sessions. Some of the FPPO's made tremendous progress and demonstrated an understanding of the CDLMIS, and showed great potential to conduct training on their own. Others will need much more assistance in training others on the system, as well as, in some cases, in effectively monitoring the system. The participants themselves felt that they learned a great deal during both training workshops. (See appendices 7 & 8) Specific feedback was given to the CARE/Philippines senior staff at a meeting held after the two trainings were completed.

- V. One of the possible benefits of the two training courses is that the CARE FP Coordinator, who participated in both workshops, understands what the FPPO's, who she will be supervising, know and can do and in which areas they will need support. The positive relationship that she developed with the FPPO's will help especially when she conducts field visits to monitor their work.

Also the DOH/TS (FPLM/P) staff have developed positive relationships with the FPPO's and the FP Coordinator, which will contribute to much needed coordination between the DOH/TS and CARE in the implementation of the CDLMIS.

## **APPENDICES**

1. Participant and Trainer List
2. Philippine Family Planning LMIS Forms:
  - CDLMIS CONTRACEPTIVE ORDER FORM
  - CDLMIS MONTHLY CONTRACEPTIVE ORDER WORKSHEET
  - REQUISITION AND ISSUE VOUCHER
3. Logistics Management Workshop Goals and Objectives
4. Logistics Management Workshop Schedule
5. Training of Trainers Workshop Goals and Objectives
6. Training of Trainers Workshop Schedule
7. Logistics Management Workshop Evaluation
8. Training of Trainers Workshop Evaluation

Appendix 1

**PARTICIPANT AND TRAINER LISTS**

**PARTICIPANTS**

<b><u>NAME</u></b>	<b><u>POSITION</u></b>	<b><u>WORKSHOP ATTENDED</u></b>
1. Geroge Andrada	CARE Central	Logistics
2. Fernando C. Alday	CARE South FPPO	Logistics/TOT
3. David Alt	FPLM RA	TOT
4. Liezl A. Arat	CARE South FPPO	Logistics/TOT
5. Raquel B. Aurelio	CARE Iloilo FPPO	Logistics/TOT
6. Sylvia B. Bartolome	CARE South FPPO	Logistics/TOT
7. Aelia Camaya	CARE Central	Logistics
8. Elizabeth M. Eugenio	CARE North FPPO	Logistics/TOT
9. Lauro C. Fernandez (Lerry)	CARE North	Logistics/TOT
10. Rose Ann C. Gaffud	CARE Central FPPO Coordinator	Logistics/TOT
11. Rosavilla A. Gerardo	CARE East FPPO	Logistics/TOT
12. Charito R. Mirabueno	CARE North FPPO	Logistics/TOT

13. Ligaya I Moneva	CARE East FPPO	Logistics/TOT
14. Eligio M. Noche	CARE South FPPO	Logistics/TOT
15. Mar Jessie Padilla	CARE North FPPO	Logistics/TOT
16. Reselo L. Parrenas	CARE West FPPO	Logistics/TOT
20. Arthur M. Ranque	CARE South FPPO	Logistics/TOT
21. Betty B. Romero	CARE North FPPO	Logistics/TOT
22. Rogie A. Simbulan	CARE Central	TOT

#### TRAINERS

1. David Alt	FPLM RA DOH	Logistics/TOT
2. Gualberto Amable, Jr.	FPLM/P DOH	Logistics/TOT
3. Jesusito S. Espiritu	FPLM/P DOH	Logistics
4. Walter Proper	FPLM/W Training Coordinator	Logistics/TOT
5. Wilfrido S. V. Ureta	FPLM/P DOH	Logistics
6. Reed Wulsin	FPLM/W Training Advisor	TOT

Appendix 2

**CDLMIS CONTRACEPTIVE ORDER FORM**

(Actual size: 8.5 x 14 with carbonless copies)

**CDLMIS MONTHLY CONTRACEPTIVE ORDER WORKSHEET**

(Actual size: 8.5 x 14; two-sided hard cardboard)

**REQUISITION AND ISSUE VOUCHER**

(Actual size: 8 x 9 with carbonless copies)

## CDLMIS CONTRACEPTIVE ORDER FORM

FACILITY \_\_\_\_\_ LOCATION \_\_\_\_\_  
Barangay Municipality Province

FACILITY IDENTIFIER [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

	BRAND	UNIT	(A) BALANCE END OF LAST DELIVERY	(B) ADJUSTMENTS (PLUS OR MINUS)	(C) TOTAL AVAILABLE (A ± B)	(D) ACTUAL STOCK ON HAND NOW	(E) USED SINCE LAST DELIVERY (C - D)	(F) NO OF MONTHS SINCE LAST DELIVERY	(G) AVERAGE MONTHLY USAGE (E / F)	(H) ASL (G x 6)	(I) QUANTITY REQUIRED (H - D)	(J) EXCESS STOCK REMOVED	(K) STOCK DELIVERED	(L) REMARKS
1	Lo-Gentrol	cycle												
2	Marvelon	cycle												
3	49mm Condom	piece												
4	CuT-380A IUD	piece												
5														
6														
7														

SIGNED: \_\_\_\_\_  
 DELIVERY TEAM MEMBER

\_\_\_\_\_  
 FACILITY REPRESENTATIVE/IN-CHARGE

DATE \_\_\_\_\_

DATE: \_\_\_\_\_

EMERGENCY ORDER POINT	
Lo-Gentrol	
Marvelon	
Condom	
CuT-380A	

**CDLMIS MONTHLY CONTRACEPTIVE ORDER WORKSHEET**  
**For Use at Barangay Health Stations (BHSs)**

**BHS NAME:** \_\_\_\_\_ **LOCATION:** \_\_\_\_\_

1	2	3	4	5	6	7	8
Contraceptive	Quantity Issued to Clients During the Last Month	Authorized Stock Level (ASL) = (Col. 2 x 3 mos.)	Stock on Hand Based on a Physical Count	Quantity Required (Col. 3 - Col. 4)	Quantity Received  (To be completed by RHU Staff)	Date Received	Remarks
JANUARY ____ Lo Gentrol Marvelon Condom Cu T-380A							
FEBRUARY ____ Lo Gentrol Marvelon Condom Cu T-380A							
MARCH ____ Lo Gentrol Marvelon Condom Cu T-380A							
APRIL ____ Lo Gentrol Marvelon Condom Cu T-380A							
MAY ____ Lo Gentrol Marvelon Condom Cu T-380A							
JUNE ____ Lo Gentrol Marvelon Condom Cu T-380A							



**FAMILY PLANNING LOGISTICS MANAGEMENT WORKSHOP  
FOR  
CARE PHILIPPINES FAMILY PLANNING PROJECT OFFICERS**

**OCTOBER 22 - 30, 1992**

**GOAL AND OBJECTIVES**

**Goal:** The workshop will enable participants to be prepared for their roles in implementing and monitoring the new DOH/TS PFPP contraceptive distribution and management information system (CDMIS).

**Objectives:** By the end of the workshop, the participants will be able to:

1. List the major activities and roles of a FP project officer in family planning logistics and CDMIS;
2. relate the importance and relevance of the logistics component to family planning;
3. identify basic elements of a logistics management information system (LMIS);
4. assess contraceptive supply status at a local facility, city and provincial levels during the initial and subsequent delivery runs and determine appropriate order quantities or authorized stock levels;
5. validate order quantity based on stock inventory data using dispensed to users or service statistics data;
6. analyze CDMIS reports, records, printouts, identify problems and make recommendations for interventions and improvements to a logistics system;

- 7. list basic guidelines for proper storage and procedures for assuring contraceptive quality;**
- 8. identify the major processes, activities, and policies involved in CDMIS and outline a CDMIS strategy plan;**
- 9. develop personal action plans for implementing and monitoring CDMIS;**
- 10. and identify other FP logistics related problems at local, regional and national levels and outline appropriate strategies to address these problems.**

Appendix 4

**FAMILY PLANNING LOGISTICS MANAGEMENT WORKSHOP SCHEDULE  
FOR  
CARE PHILIPPINES FAMILY PLANNING PROJECT OFFICERS**

Thursday, October 22

8:30 - 9:00	Official Opening
9:00 - 10:00	Introduction to the Workshop
10:00 - 10:15	Break
10:15 - 12:30	Introduction to Logistics
12:30 - 1:30	Lunch
1:30 - 5:30	Simulation (includes breaks)

Friday, October 23

8:30 - 9:00	Review
9:00 - 10:30	Introduction to LMIS
10:30 - 10:45	Break
10:45 - 12:15	Assessing Supply Status
12:15 - 1:15	Lunch
1:15 - 2:45	Contraceptive Storage/QA
2:45 - 3:00	Break
3:00 - 4:30	Contraceptive Storage/QA cont
4:30 - 5:30	Readings and Training Assessment

Saturday, October 24

8:30 - 9:00	Review
9:00 - 10:30	Maximum/Minimum Inventory Control System
10:30 - 10:45	Break
10:45 - 11:30	Max/Min cont
11:30 - 12:30	Introduction to CDMIS
12:30 - 1:30	Lunch
1:30 - 2:30	Introduction to CDMIS continued

Sunday, October 25

OFF

Monday, October 26

8:30 - 9:00	Review
9:00 - 10:30	BHS Worksheet
10:30 - 10:45	Break
10:45 - 12:15	Using the Contraceptive Order Form
12:15 - 1:15	Lunch
1:15 - 1:45	Using the Contraceptive Order Form (cont)
1:45 - 2:45	Emergency Ordering
2:45 - 3:00	Break
3:00 - 5:30	Delivery Team Tasks

Tuesday, October 27

8:30 - 9:00	Review
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9:00 - 10:30	Determining the First Order
10:30 - 10:45	Break
10:45 - 12:15	Analyzing CDLMIS Data
12:15 - 1:15	Lunch
1:15 - 1:45	Analyzing CDLMIS Data (cont)
1:45 - 5:30	Case Studies (includes afternoon break)

Wednesday, October 28

8:30 - 9:00	Review
9:00 - 10:30	Case Studies (cont)
10:30 - 10:45	Break
10:45 - 12:15	Monitoring Versus Supervision
12:15 - 1:15	Lunch
1:15 - 2:45	Working in the Pilot Regions
2:45 - 3:00	Break
3:00 - 4:30	Working in nonCDLMIS Implementation Regions
4:30 - 5:30	Preparation for the Practicum

Thursday, October 29

7:30 - 3:00	Field Practicum
3:00 - 3:30	Break
3:30 - 5:30	Process the Practicum

Friday, October 30

8:30 - 9:00	Review
9:00 - 10:30	Implementation Strategy: Final Review
10:30 - 10:45	Break
10:45 - 12:30	Implementation Action Plans (cont)
12:30 - 1:30	Lunch
1:30 - 3:00	Implementation Action Plans (cont)
3:00 - 3:15	Break
3:15 - 4:00	Evaluation
4:00 - 5:30	Administrative Questions/Concerns
<b>**Evening**</b>	<b>Special Dinner</b>

## **TRAINING OF TRAINERS WORKSHOP**

### **GOAL AND OBJECTIVES**

**GOAL:** Participants will improve their abilities to assess learning needs, to design responsive training activities and to facilitate participant learning.

**OBJECTIVES:** By the end of the workshop, participants will be able to:

1. apply the tenets of Adult Learning Theory and the Experiential Learning Cycle to workshop and training session design.
2. write goals and objectives based on identified learning needs.
3. select appropriate participatory learning activities for stated objectives.
4. design and deliver a training session.
5. deliver a variety of participatory training activities.
6. demonstrate ability to give constructive feedback.
7. develop an assessment tool for a learning session.
8. adapt an existing training session design.
9. practice delivering a training session for the Delivery Team Training.

Appendix 6

**TRAINING OF TRAINERS WORKSHOP  
For CARE/Philippines Family Planning Project Officers**

November 4 - 12, 1992

**WORKSHOP SCHEDULE**

Wednesday, November 4

8:30 - 9:00	Opening
9:00 - 10:30	Introduction (ice breaker, expectations, review of schedule, norm setting)
10:30 - 10:45	Break
10:45 - 12:30	Adult Learning Theory
12:30 - 1:30	Lunch
1:30 - 2:00	Introduction to International Institute of Rural Reconstruction (IIRR)
2:00 - 3:00	Experiential Learning Cycle
3:00 - 3:15	Break
3:15 - 5:30	Components of Training Design: Needs Assessment

Thursday, November 5

8:30 - 9:00	Review
9:00 - 10:00	Needs Assessment (continued)
10:00 - 10:15	Break
10:15 - 12:30	Components of Training Design: Goals & Objectives
12:30 - 1:30	Lunch
1:30 - 2:30	Goals & Objectives (continued)
2:30 - 3:00	Feedback

3:00 - 3:15	Break
3:15 - 4:15	Components of Training Design: Selecting and Designing Training Techniques I
4:15 - 5:15	Practicing Training Techniques: Preparation Training Assessment Activity

Friday, November 6

8:30 - 9:00	Review
9:00 - 10:30	Practicing Training Techniques
10:00 - 10:15	Break
10:15 - 12:30	Practicing Training Techniques
12:30 - 1:30	Lunch
1:30 - 3:00	Practicing Training Techniques
3:00 - 3:15	Break
3:15 - 4:00	Practicing Training Techniques
4:00 - 5:15	Components of Training Design: Techniques II
5:15 - 5:30	Training Assessment Activity

Saturday, November 7

8:30 - 9:00	Review
9:00 - 10:30	Preparation for Group Presentations
10:30 - 10:45	Break
10:45 - 12:30	Group I Delivers Session

12:30 - 1:30	Lunch
1:30 - 3:15	Group II Delivers Session
3:15 - 3:30	Break
3:30 - 5:15	Group III Delivers Session
8:00 - 9:45	Group IV Delivers Session

Monday, November 9

8:30 - 9:00	Review
9:00 - 10:30	Processing of Practice Sessions & Review of Training Techniques
10:30 - 10:45	Break
10:45 - 12:30	Components of Training Design: Assessing Learning
12:30 - 1:30	Preparation for Practice Delivery Team Training
3:00 - 3:15	Break
3:15 - 5:30	Preparation for Practice Delivery Team Training

Tuesday, November 10

8:30 - 9:00	Review
9:00 - 10:30	Preparation for Practice Delivery Team Training
10:30 - 10:45	Break
10:45 - 12:00	Preparation for Practice Delivery Team Training
12:00 - 1:00	Lunch

## **SCHEDULE FOR PRACTICE DELIVERY TEAM TRAINING**

1:00 - 1:30	Ice Breaker
1:30 - 3:30	Introduction to CDMIS
3:30 - 3:45	Break
3:45 - 5:45	BHS Worksheet
Evening	Processing of Practice Sessions

### Wednesday, November 11

8:30 - 10:30	Contraceptive Order Forms
10:30 - 10:45	Break
10:45 - 11:45	Contraceptive Order Form
11:45 - 12:15	Emergency Order
12:15 - 1:15	Lunch
1:15 - 1:45	Emergency Order (continued)
1:45 - 3:00	Storage/Contraceptive Quality Assurance
3:00 - 3:15	Break
3:15 - 4:45	Storage/QA (continued)
4:45 - 5:30	Training Evaluation
Evening	Processing of Practice Sessions

### Thursday, November 12

8:30 - 10:30	Processing of Practice Delivery Team Training
10:30 - 10:45	Break

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Designed by FPLM/JSI

10:45 - 12:30	Delivery Team Training Curriculum Revision
12:30 - 1:30	Lunch
1:30 - 3:00	Curriculum Revision
3:00 - 3:15	Break
3:15 - 5:00	Curriculum Revision
5:00 - 5:30	Final Evaluation
Evening	Closing Ceremony -- Awarding of Certificates and Celebration

**LOGISTICS MANAGEMENT WORKSHOP EVALUATION  
OCTOBER 22 - 30, 1992  
ILOILO CITY**

1. The goal of this eight-day training was to prepare participants for their roles in implementing and monitoring the new DOH/TS PFPP contraceptive distribution and management information system (CDLMIS). In your opinion, has this course achieved its overall goal?

\_\_\_\_ NO      4   SOMEWHAT      13   YES

If your response is NO or SOMEWHAT, please state why.

**COMMENTS:**

- > The TOT next week will still say a lot about what is going to happen the future.
- > The actual roles in implementing CDMIS will be coming soon and I guess this is the big challenge.
- > Though I need more practice at home in mastery of the CDMIS Guide.
- > I answered SOMEWHAT because I observe that my other co-participants have not yet internalize the "inwords" and backwards of CDMIS.

2. In general, were the training methodology and techniques used during this training appropriate? Comments.

- > Appropriate enough but it would be best if other methodologies were also tried, if there are other methodologies available.
- > Its somewhat yes or no, Yes, because it helps us participants to get the idea what CDMIS mean and no, because in the manual there are cases wherein we cannot apply in real.
- > Yes, I like the way you teach
- > Yes, handouts are available per topic. Resource Persons support each other.
- > Using the simulation before the CDMIS orientation is somewhat confusing, I suggest conducting the orientation first and then the simulation.
- > Training techniques is very much appropriate that we learned a lot of things.
- > More than appropriate
- > Appropriate and so efficient, it drives one to think and react.
- > Yes, in fact they are quite sufficient.
- > Yes
- > Very appropriate, methodology/techniques used can be easily learn and understand by participants.
- > Yes, they all responded to the trainers' needs.
- > Yes, but we need more cases difficult ones, more likely a longer practicum.

- > Yes, but in some ways its still confusing especially in determining what data is most appropriate to use but then because of the analysis we have done it comes out to be more clearly to me.
- > Yes, they are effective though everybody shakes to fear of their names being called to answer questions, we are uncertain at times of the answer.
- > Yes, but if the practicum went on schedule, say yesterday, then we could have adjusted the time frame of our implementation plan.
- > It's not appropriate to do CDMIS data analysis during noontimes. The handouts were really very helpful.

3. The administrative arrangements (training site, food, transportation, etc...) have been: (circle the appropriate response)

1                      2                      3                      4                      5

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unsatisfactory    satisfactory    excellent

(8)3 (6)4 3(5)

COMMENTS:

- > The first 2 days, food is somewhat not so palatable, and they (in-charge of the food) don't serve on time. But on the succeeding days they did it excellently.
- > It is nice and conducive
- > Softdrinks should be included during meals, this can prevent stomach problem.
- > Enough, I'm getting hungry again.
- > I've notice the menu is somewhat the same.
- > Except that in food, I noticed that chicken is always included in the menu whether fried, barbecued, etc.
- > Food: right quantity but same menu.

4. How well do you believe that you can now go out and explain what CDLMIS is an describe the implementation strategy? (Are there other skills or knowledge you would like to have to do this? If so, what?)

- > I would need a CDMIS training design suited for the grassroots (midwives). I hope I could come up with one before the orientation starts.
- > Honestly speaking, since I am still new on this kind of job, I can't assure that I can implement it rightly but, I'm trying my best that I can perform it rightly.
- > I think the best thing for me to do is to familiarize myself with the mathematical computations and the strategies so I can confidently go out and explain to the people involved in CDMIS. More self review in what I needed.
- > I am equipped of the knowledge re CDMIS, how to make it functional.

- > I need a little more practice in the field
- > I believe that I can explain what CDMIS well but I still need to be train as how to be an effective trainer, and of course that would be in Silang, Cavite.
- > Yes, I need more skills on how to relate what I have learned to my co-implementors
- > With the aid of other FPPO's or Training Officer the training will surely be done well. (and the TOT)
- > I believe I can do it with a little review by myself.
- > Yes, but not applicable - Central Staff
- > Yes, TOT  
Skills on how to transfer our knowledge to implementors.
- > With review of basic formulas - going through them step by step and organizing my presentation I think I can manage. The art of asking participants the proper questions to help them understand the system is something I would like to have.
- > Yes, I need more training skills like the one coming - TOT.
- > I think I still need more time to master the CDMIS.
- > Probably more practice on computation and data analysis. I'm sure this was not just happen in a day or two but I'll try it my little ways.
- > Base on my practicum I can say that I now fully understand the ins and outs of CDMIS - how to handle problems encountered in the facility.
- > I am confident to go out in terms of understanding the whole process but I need to develop monitoring skills.

5. To what extent to you feel confident to go out and do field visits to facilities and PHO's and CHO's?

- > I could perform the basic things expected of me however I have to do some more research works to understand further the subject matter.
- > I feel confident in dealing with CHOs and PHOs in the sense that I once a food monitor.
- > From the PHO and CHOs down to the RHU's I can explain and teach them the proper and exact filling-up of COF and BHW Worksheet. However, I can't go out alone in the promotional activities.
- > I have full understanding of what is CDMIS all about.
- > Very much confident especially after the TOT
- > After the TOT, perhaps I will be more confident to do my job.
- > Not so confident, but somewhat ready to face the requirements.
- > If I'm well equipped with all the things I learned from this training.
- > N/A - Central Staff
- > With the knowledge of CDMIS given to us there is no reason why we can do it. I feel equipped about our tasks.
- > Very confident
- > Equipped with CDMIS and LMIS blood
- > I think I can do it but of course with still some assistance.
- > Going for contraceptive order forms. Discuss with PHO's/CHO's as to problems set in the field.

- > I feel extremely confident to go out and do field visits because I've been doing this before.
  - > I believe I can explain well the concept of CDMIS but not so sure if I can convince them.
6. What is the most important skill or piece of information that you learned about the difference between your role as a monitor and the role of a supervisor?
- > Leading and guiding
  - > Well, I can say that I am I think more of a monitor than a supervisor, in the sense that I can handle well with DOH people.
  - > As a monitor I'll do the checking while as a supervisor I'll be directing.
  - > First, to observe the DOH protocol coz almost all of them are sensitive and support would be difficult.
  - As Monitor, I should confine myself to the CDMIS system not to the FF Program; I should only serve as a guide not to direct them what to do.
  - > Monitors don't command. Supervisors can somehow make demands
  - > That supervisors direct while monitor check
  - > To be persuasive and not authoritative
  - > The proper way to say things, the ability to discern the right approaches at a certain situation. The knowledge to be with.
  - > Role as a monitor - give assistance  
Role as a supervisor - give directions
  - > Not Applicable
  - > Monitoring skills
  - > That FPPOs are there to assist the DOH, especially the delivery teams, RHU people involved and not to direct them as if they were being appraised for performance.
  - > Monitor Skill            )       validation  
Supervisor Skill        )
  - > I think is to teach on what to do.
  - > A monitor simply gets information and collects data while a supervisor, sees to it by all means that the guidelines are clearly followed using his authority over his/her subordinates.
  - > Monitor                   -        You assist, say, the PHN.  
Supervisor       -        You direct the PHN on what to do
  - > Monitor                   -        Assist  
Supervisor       -        Direct

7. Using the tools taught you have been provided with during the training, how well do you believe that you can now do the following:

a. Use the contraceptive order form?

- > I did it well
- > yes

- > I strongly believe that I can do it by my own and still validate it
- > I now fully understand its uses; how to fill it and determine the ASL of a certain facility.
- > Well enough
- > very much well
- > Well
- > Can do well
- > Adequately
- > Enough
- > I'm very positive I can administer correctly COF
- > Very well
- > Very well
- > Well enough
- > Yes, I can
- > Confidently
- > I can do it well

b. Determine how much to deliver for a first delivery?

- > No problem
- > Yes
- > I strongly believe that I can compute/determine this 1st delivery order
- > Adequately
- > Yes, ASL x 9 months
- > Well enough
- > very much well
- > Well
- > Can do well
- > Enough
- > Yes, I can compute and determined how much to deliver the first and feed the pipeline initially
- > Very well
- > Very well
- > Well enough
- > Yes in my little way
- > Confidently
- > Okey

c. Explain how to determine an emergency order?

- > Not far from the rest
- > Yes with open notes at first
- > Emergency Order is determined based on the average monthly usage and the stocks on hand
- > If the ASL of the certain facility is below 3 months
- > Well enough

- > very much well
- > Well
- > Can do well
- > Enough
- > Adequately
- > If below AMU, you need to have emergency order
- > The order will have to follow the steps in the contraceptive order form.
- > Average Monthly Usage
- > Just based it with the average monthly usage.
- > Yes, taking in to consideration the ASL and the average monthly usage.
- > Very confidently
- > Follow the steps found in the contraceptive order form

d. Assist facilities to follow good contraceptive storage and quality assurance practices?

- > Can Manage
- > Yes
- > Based on the guidelines and lectures of proper storage and quality assurance practices I can strongly teach people involved in this
- > Good storage must be clean; well ventilated; secure; boxes tightly closed; boxes should be kept away from ozone; with pallets; proper BIN Card and observe FEFO.
- > Well enough
- > very much well
- > Well
- > Deeds sometime to see the results through constant monitoring.
- > Enough
- > Adequately
- > Yes, I can
- > I can only give as far as advise and remind, hoping they'd follow.
- > There are a lot of list could I open notes - i.e. enough space/ideal for contraceptive.
- > Explain to them the guidelines of proper storage.
- > Very sure, I have mastered the computation.
- > Very confidently
- > I can do it but sill needs further assistance

e. Conduct a training on how to complete the BHS Worksheet?

- > Could be done
- > To be studied
- > Well this is the easiest for me to teach
- > Yes, I am confident that I could tackle to handle how to complete the BHS Worksheet
- > Well enough, provided with reference and additional training

- > very much well
- > Not so well, I need skills on how to conduct
- > Can do at least confidently
- > Enough
- > With TOT, adequately perhaps
- > Yes, I can
- > Yes, very well
- > Well enough
- > I can but it would nice to seek the assistance of FPTs or Rose Ann.
- > Confidently
- > This is not so difficult

8. Finally, please tell me how, in your opinion, we could improve this training course. You may also make comments here that would be helpful to us in conducting the upcoming TOT. Your specific responses will be appreciated.

- > Good start
- > Well, the way you handle the training is quite ok, but sometimes, we feel nervous especially when you suddenly call a participant we cannot immediately answered because we will be lost.
- > This training meet my expectations, however this will be more effective if the speaker will talk moderately (not too fast). If possible provide an atmosphere which will not me tense.
- > We find it helpful that no "bosses" around during the training. Actually, I find your training course well prepared/managed.
- > Teach exactly steps by steps the things that we need to do to be able to conduct the CDMIS training a lesson plan will help.
- > If training methodology used in this training will also be the same methodology for TOT, I believe I will be learning a lot too. All Facilitators are great. Thanks for the knowledge.
- > Keep them up! The exercises should have been more realistic as to what really is happening in the field.
- > The use of the microphone is so much necessary.  
Single tables to each of the participants.  
The training is so productive.
- > Thru more case studies and helpful instructions.
- > This course did a lot to expose the POs to most of the actual tasks that they would be doing on the field. In some cases though, this did more to intimidate them. Perhaps some sessions on motivating them to do the job should be added.
- > You did it splendidly. You're all skillful trainers.
- > More should be given a chance to display her staff to know where she can improve on and overcome weaknesses and have his/her strengths in performing the trainor's role.
- > Explanation/teachings should be translated into the dialect for better understanding.
- > The training did so well. but one thing I would like to suggest is that give the

training more exercises so that the participants will be more familiar with the forms and how to use it and the rest were perfectly fine. Congratulations!

- > Just be sensitive of our needs like: when we are hungry and the snacks are ready, when we're sleepy we need unfreezers and if little jokes are inserted in the discussion/lecture once in a while, that will be good for us.  
I learned a lot from your intelligent people. More power.
- > More field visits on case studies.

**TRAINING OF TRAINERS WORKSHOP EVALUATION**  
**November 4 - 12, 1992**  
**SILANG, CAVITE**

Please circle the number that most accurately describes your impression of the training course.

1. **The goal of this TOT was to improve your ability to assess learning needs, design responsive training activities and facilitate participant learning.**

In your opinion, to what extent was this goal met by the TOT?

scale 0 1 2 3 4 5 6 7 8 9 10  
poorly      adequately      a lot

(1)4 (1)5 (1)7 (10)8 (3)9 (1)10

**COMMENTS:**

- > Only 70% of what I have totally experienced could be retained or gained.
- > It is just that time is not sufficient to have a final practicum for final assessment after the test training was conducted in front of the experiment participants.
- > Very much, this was really a learning experience for me. In fact, I could consider it as one priceless treasure.
- > In assessing learning needs, I need more exercises for it, even if it would use some time in the evening.
- > My knowledge, attitude and skills are much improve compare before.
- > By the use of two methods, problem analysis & task analysis. These will help me a lot. It will serve as guidelines in my future trainings. Assessing training activities, will be based on knowledge, attitudes and skills objectives.
- > As a whole = 8  
Assess learning needs = 8  
Design responsive training activities = 7  
Facilitate participant learning = 9
- > There wasn't that much opportunity to do needs assessment.
- > I recognized the what to do's in giving instructions and following the training design by steps.
- > The training design covered the CARE content especially for beginning trainers.

- > The inputs given in needs assessment were not sufficient enough and it lacks processing.

2. Did the TOT meet your expectations?

\_\_\_\_\_No                        3   Somewhat                        14   Yes

**COMMENTS:**

- > Only that it is too demanding in terms of time.
- > In totality not all learning objectives/learning activities were handled though I could identify them but I did get the chance of handling one.
- > It helped me gained confidence (further) to speak before people. Especially so on the various arrays of training methodology available for use.
- > One of my expectations in this training is to be able to have confidence and courage to face participant and to talk and be clear, and of course, I did that during the last day. I also learn so many techniques in conducting training and be effective.
- > With this TOT, I can now practice-out myself as FPPO in the field training the delivery team members & the RHU nurses.
- > It helped me gain confidence. It taught me techniques in conducting training. I was able to learn the differences of several techniques like the difference between brainstorming and discussion.
- > I would have like more time as a facilitator but the time that was spent (the 10 mins. and 1 hour sessions) was very helpful.
- > I learned a lot from my mistakes in the group work and co-facilitation activities.
- > Gained about 60+ training tips from trainers/co-participants. Gained more insights on how and why do different learning activities for each training activities/session.
- > Not sufficient time to formulate training design.

3. How well do you think the trainers worked to meet your training needs?

0                      1                      2                      3                      4                      5

\_\_\_\_\_

poorly    adequately    very well

(1)2 (1)3 (5)4 (10)5

**COMMENTS:**

- > The trainers were so patient, so reliable and most of all they are there to train.
- > We always start on time and that is excellent. I really like the group to start on time. Keep it up.

- > They really did their best in order to make sure that I would be given the chance to learn and apply the knowledge.
- > Trainers spent so much time and patience for all of us just to meet all of our expectations, and because of that we learn so much from them that we are now to do our job in our respective areas. Thank you for this.
- > They sacrificed a lot by making use of the time wisely and productively. They worked from 8 AM till almost midnight to assist participants in preparing training design.
- > I can see that the trainers tried their best to lead us into becoming "real" trainers. I guess the time was lacking. If there had been enough time, we could have spent more on discussing deeply other training techniques, more time to prepare training designs and practice for our sessions. It can also be helpful to us participants "the time" since we won't be "rushing" as we did because of continuous training sessions. One's performance in the training session can be affected by one's energy level and enthusiasm.
- > They worked hard with us. The sleepless nights are specific evidences and the trainers made themselves available at most times.
- > Trainers comments on critical session (stand-up training practice) were very clear and very specific which lead to our responsive learning and unlearning as trainers.
- > They did their best in facilitating in every thing we need.
- > They help me gain my confidence especially in talking in front of many people.

4. The sequencing of sessions (schedule) of this training has been:

scale	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>	<u>9</u>	<u>10</u>
	poor		adequate		good					excellent	

(2)6 (3)7 (4)8 (7)9 (1)10

COMMENTS:

- > The time schedule was quite tight but we tried to adjust.
- > The sequence of session, I think is just right.
- > As per design of schedule!
- > Very well done only that delivery team task should be done before discussing all the CDMIS forms.
- > It started with familiarization of terms, then to needs assessment, goal objectives, training activities, then to application, then evaluation. It's arranged from the simplest to most difficult.
- > In terms of tactic, it was good. In terms of sequencing of presentations, it could be improved. It was exhausting on our part to have continuous presentations (I mean the continuous days). How about alternate schedule?
- > Great! Progressive and developmental (from 10 mins. practice to 1 hour to 1 session).

- > They make sure that they teach basic steps about learning theory, then to the experiential life cycle and up to the practice teaching which I think contribute a lot for us on how to apply it in actual.
- > The last part of the sessions were too heavy. Device new methods of sequencing sessions to spread the designing of curriculum on alternate days with lighter sessions.

5. The selection of different training techniques has been:

scale 0 1 2 3 4 5 6 7 8 9 10  
 poor      adequate      good      excellent

(1)4 (5)8 (6)9 (5)10

**COMMENTS:**

- > I was exposed to different training techniques which gave me an idea on how to handle same technique in the future.
- > Not just knowing the techniques but really applied it.
- > Just good for student trainers.
- > Almost all the training techniques were discussed and applied to a particular situation.
- > Every methodology/training techniques used in the TOT are very effective that is why we learned a lot.
- > Trainers made use of training techniques which were really effective like role play, small and group discussion, brainstorming, lecturette and other. I learned 90% of what they taught.
- > Techniques used in the TOT were appropriate. It helped us or it disciplined participants without terrorizing.
- > There was real variety.
- > Very effective. Most are participatory.
- > It help me choose what is the appropriate training technique to utilize during the session to help the participants understand the topic.

6. The administrative arrangements (training site, hotel, food, etc...) have been:

scale 0 1 2 3 4 5 6 7 8 9 10  
 unsatisfactory      satisfactory      excellent

(1)4 (2)6 (2)7 (5)8 (4)9 (3)10

**COMMENTS:**

- > Food was okay. But the lodging did not at all satisfy me. I would have preferred a bathroom in my room for convenience. The training facilities though are okay - conducive to learning.

- > I hope I could find one like this in our place.
- > I prepare C.R. is within bedroom.
- > Good food and facilities. In fact I gained the weight I lost in Villa Rosa, Iloilo.
- > Bathroom, I suggest, maybe better if it's inside the bedroom.
- > Although we do slept very late, we're still gaining weight.
- > I like the dorm room, it's naturally ventilated, it's very conducive for studying. Training hall is also spacious, ventilated and with ready equipments such as screen on board for overhead, blackboard. Comfort room is very accessible. Food suits my taste.
- > The breakfasts were too meat oriented. The setting is great.
- > Some of the kitchen staff should be given tips on how to deal with IIRR guests. Like just smile and the readiness to help you out in simple requests like changing of chicken thigh to wings which are just within the reach of the one serving.
- > If we can find lodging/rooms with C.R. per room the better.
- > Something is wrong with the drinking water. I have stomach ache every time I drink water.

7. Overall, how well has this TOT prepared you to do training in your job?

scale    0 1 2 3 4 5 6 7 8 9 10  
           not at all      sufficiently      very well

(2)4 (1)6 (2)7 (6)8 (3)9 (3)10

#### COMMENTS

- > It gave me an idea on how the training would be done and the knowledge and skill I need to have to be able to do it.
- > Polishing is what is needed. Quite not clear of all the techniques up to this time.
- > The fact that I am now prepared to take my share in the CDMIS implementation is a gauge on how this TOT have done well.
- > This TOT taught me to apply what I learned from the CDMIS training workshop. As a future trainer, TOT gave me knowledge on public speaking like speaking clearly & loudly, having eye contact to pax, approximate movements and so on.
- > The practices we had, helped us gain confidence, and learn the do's and don'ts of being a trainer. I learned the importance of training designs.
- > I think the training did as much as could be expected in a short time. I would need a lot more than this to feel well equipped.
- > The experiences gained with the DOH and CARE Staff, guests in the 1 1/2 days session were truly helpful. These surely will be met in the field and I should know how to handle these eventualities from the insights gained. Ie., Dealing with Problem Participants, etc.

- > Have gained clear understanding on the importance of relating learning activities with the learning objectives. Actual stand-up training practice given made us realize the things we did well and things we should change as trainers.
- > I think I was able to absorb only 60% and I have to review my notes to improve my rating.
- > I believe that it helps me prepared in conducting a training in the sense that TOT develops my skill in communicating with confidence, I was able to learn on how to formulate lead questions for the participants and more or less on how to answer questions which a little bit tricky to test if you really understand your piece.

8. Considering the training courses/activities you will have to conduct in your job, and considering the training theories and techniques covered during this TOT, please tell us in which areas you think you need more training or experience.

- > In training design preparation/stand up training.
- > Both training theories and techniques
- > Application of training techniques - especially facilitating skills and asking the right questions.
- > Technical data for information to facilitate this activity like COF
- > Not probably training, but do reading and go over to our notes and handouts.
- > Case studies, group works
- > It is more on mastering the English language both oral and written.
- > Interactive lecturette
- > In group discussion, I need to practice developing questions so that the discussion will be multi-directioned.
- > Validation of data
- > More training in being conscious on how the trainees are reacting when I am facilitating.
- > To clearly explain the COF to extraordinary inquisitive participants and the data/information they contain without going to an argument.
- > I think the areas which I need more training or experience are in the processing, and by giving instructions clearly.
- > More on improving co-facilitation skills. Helping co-facilitator in responding to questions and looking for content preference and be ready to take over when invited.
- > I think I should still more time to understand about the 2 assessment methods where in some ways I'm a little bit confused and in formulating the goals and objectives.

9. The 8 day period devoted to the training course was:

8 too short 9 about right \_\_\_\_\_ too long

COMMENTS:

- > I did not enjoy the night sessions where I had to work on the practicum. I could not work on my assignment at daytime because there were sessions scheduled at daytime. It was draining me.
- > I believe in the principle that a training period, delivery of all of the major topics should have been experienced. I'm so tired after the preparations that standing in front seem to be a grave punishment.
- > We should also be given the chance to prepare training design for the CDMIS Workshop individually.
- > Needs assessment should have been extended to grasp more skills.
- > Which causes shortage in time for the :
  - Preparation for the practicum
  - Preparation of training designs
  - Revisions of training designs
  - Limited no. of practice sessions.
- > For the first-timer, I think I need to know about the differences of the learning activities and how it will be appropriately applied.
- > Knowing what has to be done in the field we would need about 2 more months for curriculum design and a practice run on real participants.
- > But too tiresome.
- > Maybe more time (half-day additional) on training needs assessment (practice doing TNA).
- > An additional one day would be enough in making training designs and rehearsing the topics.
- > You gave us time to have practice teaching which I think very important for the trainer to learn. I still believe in the saying "Experience is the best teacher". You help us polish the weak points in us as a trainer.

10. In light of the set amount of time we had to conduct the TOT, are there any subjects which we:

a) did not spend enough time on? 12 yes 5 no

If "yes" please specify which subjects and what other subject(s) you would have reduced in order to gain the time needed.

COMMENTS:

- > Needs Assessment, I think not to reduce the time of other subject but to extend 3 days to meet the schedule.
- > Practicum preparation/Feedback session

- > The topic on design preparations itself. We are not yet so familiar with the concepts that when we are given the time to prepare a design we still have to spend a lot of time reading our notes.
- > Nothing in particular but the preparation of training design individually should be given more time, say 1 more day.
- > Needs assessment
- >
  - Gives us enough time for the practicum
  - Preparation of training design
  - Revision of training design
  - Practice session should be more.
- > Learning activities should have been discussed thoroughly. Before going into training design we should be given enough time to familiarize ourselves with different training techniques.
- > Other training techniques
- > Training need assessment (TNA) maybe additional time should be given to it.
- > Needs assessment. Another hour maybe needed for inputting and processing.
- > The time you allotted in problem analysis and task analysis is okay. But I guess you add more time in this session because it is a little bit complicated.

b) spent too much time on? 2 yes 11 no

If "yes" please specify which subjects you would reduce and what you would do with the time gained by reducing time spent on those subjects.

**COMMENTS:**

- > The feedback session I think that could be reduced and still attain the objective by specifying areas that can facilitate reading of our feedbacks. The time gained would have been used for preparing for the practicum.
- > Knowledge
- > Just enough to all topics

11. Please provide any suggestions for improving this training course, or other comments you may have.

- > No night sessions

- > It was good of you. I say, fair enough to give special assignment to one of the male participants. But I think, it would also be fair if you had given an assignment to one of the female participants who seemed to be "acting" that she's ill. We observed that after a day's session, she would be talking aloud at the dormitory and even laugh aloud at green jokes. We had talked to the doctor and the doctor said that her tonsils are not inflamed at all. So there!!!
- > I am very grateful I went through this TOT under your facilitation Walter, Dave, Reed and Jun.
- > Thanks its over - I'll send one after I have conducted my actual training in my Region.
- > I can't think of any more suggestions because You (Walter, Reed, David and Jun Amable) are all good trainers. TOT for you guys I believe is job well done.
- > First of all is the time allotment. For trainees and trainers. We can all see, from each other's face the fatigue we'd experience the last eight days. Ample time should be given to trainees/trainings to set everybody's mind in the pacing of topics.
- > Enough time to apply all the knowledge and theories learned in several training practices.
- > Venue: please refer #6  
Subjects: please refer #1, 9 & 10a
- > TOT should be for 3 weeks for the pax to have enough time for practice session for them to totally gain the confidence.
- > There should have been more lectures on training activities. If it's possible provide vivid examples for each. But in general I find the training so educational and very much applicable to future trainings.
- > Get a hot water shower for Walter.
- > The way you handle the training is good, you are very accommodating and nice. You give more enlightenment to pay who cannot immediately understand. One thing I just want to comment is sometimes we cannot understand what you're talking about. Can you speak a little too clearly? And aside from that what I have noticed in the training is that, you asked questions which our level can hardly understand, but we thank all of you for that, at least in this training I gained a lot of knowledge which I consider a most appropriate time for another responsibility to be tackled.

- > This TOT is well provided. How I wish we could also given support similar as this one in our area offices.