

PD-A1

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**TECHNICAL ASSISTANCE IN
TRAINING IMPACT EVALUATION**

JUNE 20 - 30, 1994

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Sylvia Vriesendorp**

FAMILY PLANNING MANAGEMENT DEVELOPMENT

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I. EXECUTIVE SUMMARY

In April 1993, three scopes of work for technical assistance were jointly developed by: five cooperating agencies (CAs) that provide financial and technical support to over 100 local NGOs; the Family Planning Management Development Project (FPMD); and USAID/Dhaka. These scopes of work were designed to support the CAs' efforts to achieve the three strategic goals of their five-year cooperative agreements: the improvement of **service quality**, the **expansion** of coverage, and the strengthening of institutional, managerial and financial **sustainability** of NGOs supported by the CAs (QES). As a result of the April visit, three areas for FPMD technical assistance were identified: (1) promotion of institutional and managerial sustainability, (2) training impact evaluation, and (3) program management information systems (MIS).

The purpose of the training impact evaluation (TIE) scope of work is to strengthen the capacity of the CAs' training program staff to conduct systematic impact evaluation, and to use the results to continuously refine the effectiveness of training. This report describes the third consultancy conducted under the TIE scope of work, from June 20-29, 1994.

II. BACKGROUND

In April 1993, three scopes of work for technical assistance were jointly developed by: the five CAs that provide financial and technical support to over 100 local NGOs; the Family Planning Management Development Project (FPMD); and USAID/Dhaka. These scopes of work were designed to support the CAs' efforts to achieve the strategic goals of their five-year cooperative agreements: the improvement of **service quality**, the **expansion** of coverage, and the strengthening of institutional, managerial, and financial **sustainability** of NGOs supported by the CAs (QES). As a result of the April visit, three areas for FPMD technical assistance were identified: 1) promotion of institutional and managerial sustainability, 2) training impact evaluation (TIE), and 3) program management information systems (MIS).

III. PURPOSE AND SCOPE OF WORK

The overall purpose of the TIE scope of work is to strengthen the capacity of the CAs' training program staff to conduct systematic impact evaluation, and to use the results to continuously refine the effectiveness of their training. The sequence of events in the TIE process has been presented graphically in earlier reports and is shown again in Annex A. During and between the first and second visits, the TIE participants:

- Selected four training courses whose impact they would evaluate;
- Formed inter-organizational teams to carry out the TIE process;
- Developed indicators of acceptable job performance for those trained in each of the four courses;

Developed, field tested, and revised data-collection instruments.

This visit, the third of four planned visits, took place from June 20-29, 1994, and was conducted by the same team that undertook the first two consultancies. Between the second and third visits, the TIE cross-organizational teams went to the field to collect data on the indicators of job performance.

The scope of work of this visit was to:

1. Conduct a three-day workshop to review and analyze field findings, write reports, and develop plans for systematic communication between training and program wings of the CAs/NGOs;
2. Conduct interviews with CA directors to discuss findings and implications of TIE for training;
3. Make preliminary plans with training institutions for application of findings to the four courses (in preparation for the final consultancy under the TIE scope of work).

IV. ACTIVITIES

A. Activities between consultancies

At the end of the second consultant visit in March/April 1994, the groups that had been looking at four training courses (Annex B) generated plans for field visits to collect impact evaluation data during the two months before the consultants' return. The hope was that wherever possible, each visiting team would contain both training and program staff and would include staff from more than one CA. Given the restrictions imposed by individual schedules and organizational needs, it was acknowledged that these conditions would not always be met, but the TIE participants were strongly in favor of making the effort to continue cross-organization work during this interim activity. The commitment to this approach was enhanced by Alan Foose's strongly supportive memo to the CA directors (Annex C).

All four groups did indeed conduct a series of field visits to collect data on the indicators they had delineated, using the instruments they had previously developed and tested. A total of 63 trainees were visited and another 227 people (clients, supervisors) were interviewed across 42 sites representing both urban and rural NGOs. Two of the four groups were able to meet or exceed the numbers of visits they had proposed. Most of the visits included both program and training staff, and, despite the logistical difficulties involved, many visits were conducted cross-organizationally.

B. The workshop

The three-day workshop, held at the Family Planning Service and Training Center (FPSTC), was the core of the consultant visit. The broad purpose of the workshop was to continue to develop skills in the TIE process, with the emphasis at this time on data analysis and report-writing. It was important that this purpose be accomplished in an atmosphere of mutual exploration and honest and open inquiry into the effectiveness of training on job performance.

The workshop objectives were for the participants to:

1. Digest and interpret the data from the interim field visits;
2. Translate the field-visit findings into recommendations and action plans;
3. Make group commitments for carrying out the action plans;
4. Produce a joint report for their organizations describing the TIE process to date and reporting each group's findings, interpretations, and recommendations on the basis of the field tests.

During the workshop, the participants used two forms to collate and synthesize their raw data (Annexes D and E). They challenged and assisted each other to rigorously review and interpret their findings, coming up with preliminary recommendations that fell into three categories:

1. Collection of more data (often involving further specification of indicators and modification of data-collection instruments)
2. Revision of some aspects of the training course (where even limited data point strongly to the need for modification)
3. Strengthening management supports (where the data strongly suggest that unsatisfactory job performance is related to the field realities rather than to training).

Each working group chose one recommendation to implement before the consultants' final visit in January 1995. The groups then prepared detailed action plans for their selected recommendations, with timelines and individual responsibilities, and made written commitments to carry out their selected recommendation. The preliminary report of findings, interpretations and recommendations to date, which speaks to all the workshop objectives, was drafted by the participants on the final afternoon of the workshop and put into final form after the workshop. It is found in Annex F.

C. Individual meetings with CA directors

After the workshop, the consultants and all TIE participants who were available met with the director of each CA and other relevant senior staff (Annex B). These meetings were intended not only to keep the directors informed of progress in the TIE process but to share with them the initial results of data collection in the field. The TIE participants played a leading role in these meetings, using their draft reports to explain the data-collection methodology and to present the preliminary findings and recommendations of their groups. They emphasized that, despite the limited samples of trainees visited to date, each group has found suggestive evidence of the need to modify some aspects of training or of organizational support of field staff. All the CA directors agreed to the continued participation of their staff in TIE and to the proposed scope of work for the final consultant visit in January 1995.

D. Distribution of materials

Over the course of the three TIE visits, the consultants have distributed to each CA books and other materials pertaining to the management, training, and the evaluation process (Annex G). These materials were chosen as useful references for program and training staff; it is hoped that the TIE participants will take the lead in circulating these materials by informing colleagues of their location and content.

VI. CONCLUSIONS AND RECOMMENDATIONS

1. Adherence to guiding principles

During their visits, the consultants have had a number of discussions with the CAs and their staffs about the implications of TIE. From these discussions with CA directors and workshop participants and from field observation, four principles have emerged. These principles provide the context for the TIE process to date, for plans for future TIE efforts, and for the future application of TIE results to the revision of training courses.

1) *Practicality*

Impact evaluation can be used to analyze a particular field problem, to respond to complaints about some aspect of a course, to introduce new topics in existing courses, or to develop new courses. If the CAs are to use TIE for these purposes, the process must be as simple and economical as possible. It must be incorporated, whenever possible, into the routine procedures of monitoring and training followup and must not make unacceptable demands on staff time and budgets. While this level of practicality may mean some sacrifice in rigor and precision, a more sophisticated process would be too much of a drain on the CAs and could not be used often enough to strengthen existing training programs.

2) *Collaboration*

For TIE results to be convincing, those who train and those who use training (both within and between CAs) must come to agreement on what constitutes acceptable field performance, how to measure or observe it, and how to interpret and apply TIE findings to training programs. This principle does not deny the differing concerns and mandates of the CAs about the impact of training; rather, it brings these varied perspectives together in a common effort to improve field performance through training.

3) *Skillbuilding*

There is a level of proficiency that is essential for TIE to be carried out effectively. It is the role of the consultants to help participants in the TIE process to develop, practice, and continuously strengthen the requisite skills. This principle assumes the capacity of CA staff to learn to ask the right questions and interpret the responses, using instruments that they have developed and tested, rather than to turn to outside "experts" and generic instruments.

4) *Ownership*

The TIE process belongs to the organizations that carry it out. Full involvement in and control of the process motivates CA staff to honestly evaluate their work and for CA decision-makers to trust and use the results of the evaluations.

The consultants recommend that the CAs adhere to these principles as they continue the TIE process after the current scopes of work have been completed.

2. *Working in Bangla*

The varied level of comfort and skill in English was reflected in uneven participation in the workshop during the first consultant visit in November 1993. During the second visit in March-April 1994, the participants were encouraged to speak in Bangla in both small group work and plenary sessions, with group members translating at key points in the discussion. This practice strikingly changed the dynamics of the group: previously silent participants became active contributors, bringing a wider perspective to every aspect of the workshop. Several participants have, however, noted that the internal translators did not always convey the full meaning of the Bangla conversations. They have recommended that an outside translator be provided at the next workshop to provide the consultants with a fuller understanding of the discussions.

The written evaluations of the workshop provided another opportunity for those with limited

English skills to express themselves freely. A volunteer committee developed and printed an evaluation form on which each question was written in Bangla and English. Three participants responded in Bangla; others said that, although they responded in English, they found that the Bangla translations helped clarify the questions. The evaluation form and a summary of the responses is found in Annex H.

The consultants recommend that the upcoming workshop be conducted as much as possible in Bangla with the assistance of an outside interpreter.

3. Focus on TIE as an ongoing process

The consultants have consistently emphasized the ultimate value to the CAs of a core of staff who will be able to use the TIE process to evaluate future courses and apply their findings without depending on outside "experts." This approach understandably requires time and patience as participants practice developing, critiquing, and refining indicators, instruments, and analyses. There is often stumbling and back-tracking and a delay in reaching credible results. Several participants have particularly expressed their lack of confidence in their ability to analyze field data and their frustration over the lack of an instrument that will give predictable, replicable results. This discomfort is an understandable aspect of step-by-step skillbuilding rather than reliance on standardized instruments and approaches. The consultants are convinced that the long-term benefits to the CAs will more than outweigh the short-term uncertainty of this focus on the process, since their own staffs will have the skills to use the process whenever needed.

The consultants recommend that:

- the emphasis continue to be on the CAs strengthening their staff skills in TIE rather than relying on "experts";
- the CAs develop a realistic plan for using TIE, which might include:
 - periodic assessments in response to complaints about segments of existing courses;
 - incorporation of new topics or skills into existing courses;
 - baseline information for developing new courses.
- the CA budgets allocate funds to carry out the TIE plan.

4. Maintaining cross-organizational perspectives

The participants have often expressed their satisfaction with the chance to break down barriers between providers and users of training, and among the six organizations. Their commitment to cross-organizational work has kept the momentum going in the face of the

many demands on participants by their own organizations. The training staff from FPSTC and CWFPP in particular have enthusiastically embraced the chance to visit the field and methodically assess the results of their work. It is encouraging that FPAB, which trains its own staff and has no direct link with the training organizations, has had at least one staff member at every workshop and intends to maintain this involvement throughout the TIE effort.

The consultants **recommend** that:

- the cross-organizational groups be maintained both in the interim work between now and January and during the January workshop;
- in January, the consultants work with the training institutions together on shared concerns but respect their need for separate assistance on issues that are unique to each;
- in all future TIE activities, a process be established to ensure regular communication and feedback between training and program staff, both within and across CAs;
- training personnel be encouraged to schedule periodic field visits as part of TIE teams.

5. Modeling training methodologies

The TIE workshops offer an excellent opportunity for trainers to observe and take part in techniques and methods which they may choose to adapt to their own training activities. It is encouraging to note that some of the participants have already applied in their own training courses methodologies and techniques modelled by the consultants.

The consultants recommend that during their final visit they provide opportunities for trainers to practice and gain competence in the methods and techniques they consider most effective.

6. Reflections: extracting the learnings along the way

The consultants have set aside time for guided reflection at key points in each workshop. This "breathing space" allows participants to absorb and extend their learning by sharing their observations, reactions, interpretations, and practical implications. It enhances individual learning and provides the consultants with valuable insights into the group's understanding of and response to key concepts.

The consultants recommend that during their final visit they train the trainers in this method and encourage them to provide guided reflection in their own training courses.

7. Workshop attendance

Many participants have commented verbally and in writing on the disruption caused by frequent comings and goings during the workshops. Although they recognize that legitimate organizational demands can interfere with workshop attendance, they have urged the consultants to minimize distractions by holding the final workshop at a training site outside Dhaka.

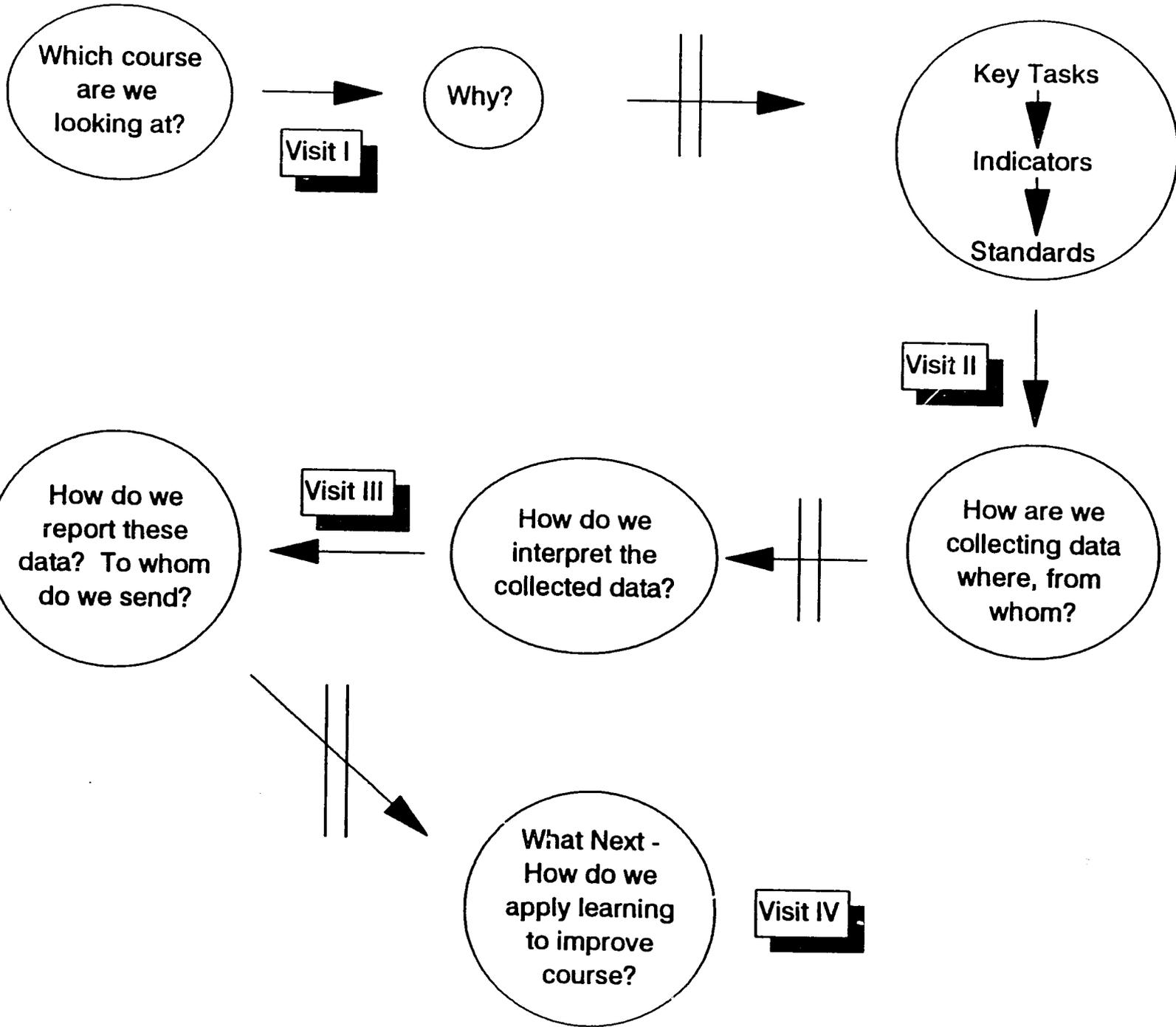
The consultants recommend that the final workshop be held either at the BRAC training facility at Rajindrapore or at the Bangladesh Academy for Rural Development at Comilla. Mr. Abu Sayeed of Technical Assistance Incorporated should be engaged to make the necessary arrangements once the site has been selected.

VII. NEXT STEPS

1. The four TIE course groups will carry out their selected recommendations before the consultants return in January 1995.
2. The January visit will include a three-day workshop, preferably away from Dhaka, to:
 - Review the TIE process and give participants further practice in using it, with particular emphasis on data analysis;
 - Review each group's progress in carrying out recommendations;
 - Discuss further findings and their implications;
 - Establish an ongoing TIE process and mechanisms to ensure regular feedback between training and program staff, both within and across CAs;
 - Agree on the content of a TIE manual in Bangla and English, to be completed at MSH in Boston, incorporating the learnings of this scope of work and providing guidance for the future evaluation of training impact.
3. During the January visit, the consultants will also work with the training institutions to develop their skills in revising course content, expand the methodologies used, and strengthen training skills. This work will address issues related to the four courses covered in this TIE scope of work, but will also offer approaches and skills that training staff can use to modify or develop other courses in the future.

VIII. ANNEXES

- A. THE TIE PROCESS
- B. PERSONS CONTACTED
- C. MEMO FROM ALAN FOOSE TO CA DIRECTORS
- D. SUGGESTED FORM FOR AGGREGATING AND REPORTING TIE FIELD FINDINGS
- E. SUMMARY REPORT FORM
- F. TIE GROUP REPORTS: TIE PROCESS, FINDINGS, INTERPRETATIONS, RECOMMENDATIONS, ACTION PLAN JUNE 1994-JANUARY 1995
- G. MATERIALS DISTRIBUTED TO CAs/NGOs
- H. EVALUATION FORM AND SUMMARY RESULTS



THE TIE PROCESS

ANNEX A

ANNEX B

PERSONS CONTACTED

WORKSHOP PARTICIPANTS

(This list is organized according to the groups that worked together on each training course.)

Fieldworkers' Basic Course

CWFP

Ms. Nargis Sultana, Director (Training)
Ms. Nurem Nahar Ahmed, Deputy Director (Training)
Ms. Syeda Ferdous Ara, Training Coordinator
Ms. Sultana Shely, Training Coordinator
Ms. Zargina Khanam, Unit Coordinator

Pathfinder

Mr. Md. Mustafizur Rahman Bhuiyan, Program Officer (Workshop #1)

TAF

Mr. Nazrul Islam, Senior Program Officer

Supervisors' Refresher Course

FPSTC

Ms. Sakeba Khatun, Associate Training Officer

FPAB

Mr. Md. Abdus Salam, Senior Program Officer

TAF

Ms. Shamima Hasan, Deputy Program Manager

Managers' Refresher Course

FPSTC

Ms. Roxana Parveen, Training Officer
Ms. Mamataz Begum, Assistant Training Officer
Ms. Gitali Badrunnessa, Assistant Program Officer
Ms. Zubaida Rukhsana, Assistant Training Officer

Pathfinder

Mr. Aziziur Rahman Molla, Assistant Program Officer (first day)

Paramedics' Course**AVSC**

Dr. Sukanta Sarker

FPSTC

Dr. Selina Ahmed, Program Officer (Medical)

TAF

Dr. Najmul Sahar Sadiq, Program Officer (IEC)

Pathfinder

Dr. Saiful Islam, Program Manager (Workshop #1, Day 1)

Dr. S.M. Shahidullah, Project Coordinator (Workshop #1)

OTHER PERSONS CONTACTED**USAID Dhaka, Office of Health and Population**

Mr. Alan Foose, Population Officer

Ms. Louisa Gomes, Project Management Specialist

Mr. Quasem Bhuyan, Project Management Specialist

AVSC

Dr. A. Jamil Faisal, Country Representative

Mr. James Griffin, Senior Staff Associate (Training)

FPAB

Mr. Mizanur Rahman, Director

Mr. Kazi Mohammad Ali Jinnah, Assistant Director USAID Funded Projects

FPSTC

Mr. Abdur Rouf, Chief Executive

Pathfinder

Dr. M. Alauddin, Country Representative

Ms. Shamsia Begum, Program Officer

Ms. Rifat Akhter, Assistant Program Officer

TAF

Ms. Kirsten Lundeen, Program Manager

ANNEX C

MEMO FROM ALAN FOOSE, USAID OFFICER FOR POPULATION AND HEALTH TO CA DIRECTORS

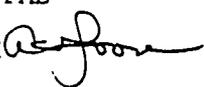


UNITED STATES OF AMERICA
AGENCY FOR INTERNATIONAL DEVELOPMENT
Dhaka, Bangladesh

May 10, 1994

MEMORANDUM

TO: M. Alauddin, PF
Kirsten Lundeen, TAF
Abdur Rouf, FPSTC
Abu Jamil Faisel, AVSC
Mizanur Rahman, FPAB

FROM: Alan C. Foose, OPH 

SUBJECT: Training Impact Evaluation (TIE)

I am writing this memo to reiterate the work to be done on TIE prior to the TA team's next visit. During the USAID debriefing on TIE before the team's departure, I was brought up to date on the most recent series of workshops and field visits to develop and test ways of assessing on-the-job performance by trainees in four training courses. Ann Buxbaum and Sylvia Vriesendrop described the series of interviews, observations and document reviews planned by each CA between now and June. One of the most encouraging features of this effort is that the CAs have consistently worked across organizational boundaries to develop a process that can serve the entire CA community, not only strengthening the training courses themselves but also building systematic communication between training and program staff within and among organizations.

I strongly support this cross-organizational approach and am pleased that you have endorsed it and made it possible for your training and program staff to participate. Ann and Sylvia have conveyed to me the enthusiasm and commitment of the participants in the process, and I am sure that your approval and encouragement have played a considerable role in creating this spirit. It is important that this joint effort continues during the upcoming field visits and the analytical work to follow, so that all the CAs share in looking as objectively as possible at the impact of training and its implications for all your programs.

I look forward to having your continued cooperation.

cc: Ann Buxbaum, FPMD/Boston
Sylvia Vriesendrop, FPMD/Boston

SUMMARY REPORT FORM

Course:

Task	Indicators	% met standards	% % did not meet standards	Summary of reasons, common threads
1.	1. 2.			
2.	1. 2.			
3.	1. 2.			
4.	1. 2.			
5.	1. 2.			

ANNEX F

**TIE GROUP REPORTS: TIE PROCESS, FINDINGS, INTERPRETATIONS,
RECOMMENDATIONS, ACTION PLAN JUNE 1994-JANUARY 1995**

THE TIE PROCESS TO DATE: NOVEMBER 1993-JUNE 1994

The Management Sciences for Health (MSH) has been providing consultancy and technical assistance on Training Impact Evaluation (TIE) to strengthen the capacity of the Cooperative Agencies' training program staff to conduct systematic impact evaluation, and to use the results to continuously refine the effectiveness of training. The technical assistance team consisted of Ann Buxbaum, Senior Associate, Population Program, MSH, and Sylvia Vriesendorp, Organization Development Specialist, FPMD started consultancy from October, 1993. The following are the purposes of the TIE:

- (1) Review/revise/improve training
- (2) Plan to support transfer from classroom to job
- (3) Document and explain transfer from class room to job
- (4) Marketing of training courses

The TIE consultancy has been given in three out of the planned four phases. Each time, workshop was conducted at Family Planning Services and Training Center conference room in Dhaka. The participants were drawn from training units of the organizations and the program side. All the participants were divided into four cross-organizational working groups, combining training staff with program staff. The participants reviewed all the present training courses provided for sub-project staff and selected the following four important courses to look at closely for TIE;

- (1) Refresher Management Course
- (2) Refresher Supervisor and Monitoring Course
- (3) Refresher Family Planning Clinical Services for Paramedics
- (4) Basic Field Workers Family Planning MCH Course

II PHASE

- Development of indicators for each objective showing transfer of classroom leanings to job performance
- Review/revision of indicators (between consultant visits)
- Realization that training objectives:
 - didn't always link to job performance
 - had yielded too many indicators for practical, time-limited evaluation
- Stepping back from objectives to identify 5 key tasks for each job, 2 indicators for each task
- Review/revision of indicators:
 - Do they reflect key tasks?
 - Are standards of acceptable performance specified for each indicator?
 - Can they be measured/observed?
- Review of data-collection methodology, development of instruments, practice in interviewing and observation skills
- Field tests of indicators/instruments; revisions where indicated
- Beginning development of skills in performance analysis

III PHASE

Field visits (between consultant visits)

Synthesis of field visit results into:

- findings
- interpretation
- recommendations

Action plans for implementing one recommendation

METHODOLOGY

The group evaluated the training course of "Basic Training of Field Workers" which was conducted by CFWP training center. For training Impact Evaluation, a team consisting of six trainers and program staff prepared instruments that the team considered most appropriate to their set indicators corresponding to objectives. The team drew up detailed plans for a field test. The group developed [] different tools for data collection. The tools were developed to interview the field workers who participated in the basic training courses at CFWP in 1993. Supervisor of the respective field workers and project managers were interviewed and consulted. The course review group then made a plan for field visits. The plan was shared with the group members and the responsibilities were assigned each of them.

The members were divided into five groups and wherever possible, both training and program staff made joint visits. The groups visited seventeen sub-project sites of the three CAs, The Asia Foundation (TAF), The Pathfinder International (PFI), and Family Planning Services and Training Center (FPSTC). The sample sites were spreaded over the districts of Dhaka, Chittagong, Coxes Bazar, Sylhet, Manikganj, and Munshiganj (See the detailed list in Appendix - I). Out of these seventeen project sites, ten were urban and seven were rural sub-projects.

The field test was started from mid April, 1994 and continued up to mid June, 1994. The group worked with different categories of respondents. A total of 250 field workers

attended training courses at CWFP in 1993. Of them, 33 participants were selected for the study. The respondents supervisors and clients were also interviewed. They are as follows:

1. Program Manager 14
2. Field Supervisor 24
3. Service Recipients or Clients 165

The team developed appropriate tools for each of the indicator for data collection and selected the tools to measure the impact of training. The tools were:

- Interview
- Questionnaire
- Observation checklist
- Test
- Review of records and reports

Prior to the field trips the team wrote letters to the subproject managers stating their visit schedule for purposes of the TIE visits with brief description of the activities what TIE team will do during the visit. Where possible, the team confirmed their visit dates over telephone. After finishing all the formalities, the team visited different projects and collected data from different categories of the respondents by using different methods. After collecting data, the team compiled and analyzed the collected data in the office. The team then compared the results of the collected information with the Performance Analysis Chart. The

chart was given by the TIE consultants during their second visit.

During the third workshop held from June 22 to 26, 1994, the team members compiled the data in a format and calculated the percentage of each of the indicators in order to analyze the effectiveness of the given training. Then, the group transferred the findings in a summery report format and identified the underlying causes of not achieving the standard that the group had set for evaluation using the set indicators. The summary Report Form is attached in Appendix - II.

By completing the Summery Report using field data form the group listed the findings and interpreted the conditions in relation to findings recommended next steps for further action and finally recommended to appropriate authority. Review sheet of interpretation is attached in Appendix - III.

Finally the TIE group picked up one of the tasks related to the field workers' basic training. The task was "New curriculum for training of FWs in Counselling and Communication" responding to the participants needs and educational level. The group committed to test the revised curriculum on Counselling and Communication. The team developed some key action steps with the time frame and person responsible, and presented in the workshop. The key action steps will be implimented and its experience will be shared during July-December, 1994 in forthcoming TIE Workshop scheduled to be held in December 1994. The detailed workplan is enclosed in Appendix - IV.

Sl. No.	Name of the Organization	Project Name	Date	Contact Person				Total No. of Contact Person	Responsibility
				PO	SUP	FW	Client		
1.	TAF	UTPS (Dhaka)	9-5-94 12-5-94	1	4	4	20	29	Ferdousi, Shely
2.	"	PSKP (Meherpur)	26-5-94	1	1	1	5	8	Zajira
3.	"	MSS (Dhaka)	17-5-94 19-6-94	1	1	1	5	8	Laila
4.	"	PSF (Munshiganj)	19-5-94	1	1	1	5	8	Ferdousi, Shely
5.	"	CWFP (Lalbagh)	29-5-94	1	2	2	10	15	Nurun, Shely
6.	"	MFPP (Dhaka)	26-5-94	1	1	1	5	8	Shely
7.	"	CWFP (Manikganj)	22-4-94	1	1	1	5	8	Nargis
8.	"	CWFP (Chittagong)	7-6-94	1	1	1	5	8	Nurun, Munjun
9.	"	NISHKRITI (Chittagong)	8-6-94	1	1	1	5	8	Munjun, Nurun
10.	"	AMS (Chittagong)	8-6-94	1	1	1	5	8	Nurun, munjun
11.	"	TULIP (Chittagong)	10-6-94 11-6-94	1	2	7	35	45	Nurun, Munjun
12.	"	JTS (Chakoria)	10-6-94 17-6-94	1	2	2	10	15	Nurun, Morium
13.	FPSTC	Sylhet	28-4-94	1	1	1	5	8	Nargis
14.	"	Mohammedpur Project (Dhaka)	30-5-94 19-6-94	1	4	4	20	29	Nurun, Laila Anarkali
15.	"	Coxes Bazar	18-6-94	0	1	1	5	7	Nurun, Moriom
16.	PFI	Ramu	19-6-94	1	2	2	10	15	Nurun, Moriom
17.	"	Chakoria	17-6-94	1	0	2	10	13	Nurun, Morium
TOTAL:				16	24	33	165	238	

SUMMARY REPORT FORM

Appendix - II

Course: Basic training for FWs

Task	Indicators	% met Standards	% did not meet Standards	Summary of reasons, common threads
1. Education and Communication.	1. All steps of GATHER are followed. 2. Use checklist in client selection.	70% 75%	30% 25%	FW imposes the choice of method, do not take feedback from the clients & make quick counselling. Do not give importance on checklist Time consuming for FWs in maintaining checklist.
2. Recruitment of new clients and follow up of old clients.	1. Clients know correct F.P. messages. 2. No. of home visit as per work plan.	80% 93%	20% 7%	Lack of knowledge on health information. Project area was changed & base line survey was continuing.
3. Referral for FP & MCH Services.	1. Fws knowledge about immunization schedule. 2. Increasing no. of clients referred for clinical services.	90% 66%	10% 34%	Low level education & communication gap. EPI knowledge is limited to certain no. of FWs. Project has no clinic. GOB FWs pay less attention. Fear of side effects.
4. Management of side effects & complication of contraception.	1. FW can identify side effects and complications from case description & test. 2. When to refer clients for medical action.	82% 90%	18% 10%	The targeted FW died, resigned. Second FWs' level of education was poor. Tired in case of long distance worker.
5. Record keeping.	1. Performance records are maintained as per standard.	78%	22%	Low level of education, project area was changed & base line survey was in progress.

Appendix - III

Findings	Interpretation	Recommended next steps	Recommended To
<p>FWs not using checklist for clients selection. Information in field guide is outdated to some extent.</p> <p>Knowledge gap of FWs to refer clinical clients for medical action.</p>	<p>Loose sheets of check lists are not well maintained by the FWs.</p> <p>Not aware of importance checklist.</p> <p>Low educated FWs are not able to identify the clients with side effects and complications and refer for medical action.</p>	<p>Encourage for use of FWs guide as a checklist.</p> <p>The FWs guide will be updated.</p> <p>FWs guide will be available to all service providers.</p> <p>Checklist incorporated into field guide.</p> <p>Discuss among the trainers.</p> <p>Find out appropriate approach to identify clients with side effects and complications for lower educated FWs.</p> <p>Trainee selection criteria to be developed.</p> <p>Share it with CA/PMs.</p>	<p>Policy makers, ED - CWFP and donor.</p> <p>Training Institution</p> <p>CA/PM</p>

Basic Training for FWs

Appendix - IV

Victory: New curriculum for training of FWs in counselling and communication responding to their needs/education level.

Commitment: To test new curriculum for training FWs in counselling and communication responding to their needs and education level.

Key Action Steps:

Action Steps	Date	Responsible Person
1. Revise the training curriculum after detailed discussion and sharing experience.	July, 1994	Director Training CWFP
2. Orient the trainers	Aug, 1994	Dir. & Deputy Dir. Training
3. Change the training approach and set criteria for test of the trainees.	Aug, 1994	Training Division
4. Modify the Interviewing Tools.	Aug, 1994	Training Division
5. Hold a meeting and share it with CAs and program staff.	Aug, 1994	Director Training
6. Implement the revised training curricula.	Sept, 1994 Oct, 1994	Trainers
7. Observe the effects of revised training curricula on communication.	Nov, 1994	Trainers and Program Officers.
8. Coordinate	Oct, 1994	Over telephone, by meeting and by letter



DRAFT

REPORT ON TRAINING IMPACT EVALUATION (TIE) ACTIVITIES

Name of the Course: *REFRESHER TRAINING ON CLINICAL CONTRACEPTION FOR PARAMEDICS*

Content of the Report:

1. Summary (will be included in the final report)
2. Process of TIE (this is written by a small group for all the groups and that will be incorporated in the final report)
3. Methodology
4. Findings
5. Interpretation of the results
6. Recommendations on findings
7. Future Plan (before the next visit by MSH team)
8. Responsible person

METHODOLOGY:

Sixteen Paramedics, who received training on Refresher Clinical Course, were chosen as "SELECTED SAMPLE" for the data collection. The data collection done by using a set questionnaire. Out of 16 paramedics, 15 were followed-up.

The sample size was small and was not representative, but this was done due to various constraints like time. A list of 16 Paramedics was drawn from those who are working in Dhaka and its close proximity.

For data collection 15 sites were visited and all 15 paramedics were available for interview. Female Clinical Master Trainers (CMTs) of CA-NGO Paramedic training Project and the CMTs of other organizations conducted the data collection process. Again, due to time constraints and others, formal orientation session for the evaluators could not be done. Manual tabulation and analysis done on data collected.

FINDINGS:

1. Two third of the sample did not follow the all steps of GATHER approach during counseling.
2. Over half of the respondents did not use IEC materials during counseling.
3. More than half of the respondents did not follow all the steps of History taking and General examination.
4. Eighty percent of the respondents did not follow the standard steps of IUD insertion.

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5. One third of the respondents did not met the standard during pushing injectations.
6. All respondents were knowledgeable about family planning methods.
7. Ninety percent or close to ninety percent respondents met standard in maintaining asepsis and general management tasks.

INTERPRETATIONS :

- 1.1 Too many clients come to the clinic at a time so the Paramedic do not get enough opportunity for proper counseling.
- 1.2 In some clinics there are assigned counselors, so the Paramedics do not provide general counseling.
- 1.3 The Paramedics know the process but don't follow it.
- 2.1 Lack of attitude of some of the Paramedics in using IEC materials.
- 3.1 The tool used in history taking and general examination was inappropriate.
- 3.2 Some Paramedics are reluctant to carry out the new steps of physical examination. Often they feel all those steps are not necessary.
- 3.3 There may be deficiencies in skill.
- 4.1 Setting up of 'standard' on IUD insertion was not done carefully before or during analysis of data.
- 4.2 The variables were not sufficient to find out the actual problem of the paramedics who did not met the standard.
- 4.3 There may be some lack or poor competency of the paramedics in IUD insertion.
- 4.4 There may be some lack of attitude of the paramedics. They know the steps but did not follow it or practice it.
- 5.1 The tool used for injection pushing was inappropriate.
- 5.2 Some Paramedics are reluctant to carry out the proper steps of injection push. Often they fill all those steps are not necessary.
- 5.3 There are deficiency in skill.



- 5.4 Setting up of 'standard' was not done carefully before or during analysis of data.
- 6.1 Knowledge assessment indicators about family planning methods were very much superficial.
- 6.2 The level of knowledge assessed was not sufficient for providing quality services.
- 7.1 Probably those are true reflection in cases of maintenance of asepsis and general management, but the tools need to be reviewed.

During data collection it was felt that two more tasks need to be added to get a complete picture about a trainee performances. These tasks are "Record Keeping" and "Quality of Care". Moreover, in this training Paramedics have joint sessions with the Managers as a part of 'team approach'. It would be good if TIE also include Managers perspective in the process. In some indicators, some changes are necessary. These are, new variable are to be added, some variable to be taken out, some variables need modification.

RECOMMENDATIONS:

- 1.1 Team Training (Clinical) for client flow management system is necessary.
- 1.2 Give more emphasis to training of Paramedics as well as for the Managers on Client flow management.
- 1.3 A special training on counseling for the Paramedics could be considered where there is no designated counselor.
- 1.4 Where there are counselors, those samples should be taken out during analysis.
- 1.5 Client load of the clinics should be assessed clinic by clinic basis. If necessary, number of paramedics may be increased.
- 2.1 A special training which deals with attitude (may be incorporated with counseling or other training) may be arranged for the paramedics.
- 2.2 Supervision should be strengthened and on the job training is necessary.



- 3.1 Medical supervision should be strengthened and on the job training is necessary.
- 4.1 A 'standard' should be set up.
- 4.2 The variables of the indicator should be reviewed and necessary changes like inclusion of new variables, modification of new variables etc. should be done.
- 4.3 Medical supervision should be strengthened and on the job training is necessary.
- 5.1 A 'standard' should be set up.
- 5.2 The variables of the indicator should be reviewed and necessary modifications should be done.
- 5.3 Medical supervision should be strengthened and on the job training is necessary.
- 6.1 Change the data collection tools like assess the knowledge by observing the specific procedures.
- 6.2 Assess knowledge by interviewing the paramedics.
- 7.1 Review the tools before the actual data collection for TIE.

RECOMMENDATIONS ON ONE FINDING:

"Eighty percent of the responder did not follow the standard steps of IUD insertion."

Interpretations :

1. Setting up of 'standard' was not done carefully before or during analysis of data.
2. The variables were not sufficient to find out the actual problem of the paramedics who did not met the standard.
3. There may be some lack or poor competency of the paramedics in IUD insertion.
4. There may be some lack of attitude of the paramedics. They know the steps but did not follow it or practice it.



Recommendations:

1. A 'standard' should be set up.
2. The variables of the indicator should be reviewed and necessary changes like inclusion of new variables, modification of new variables etc. should be done.
3. Medical supervision should be strengthened and on the job training is necessary.

Victory:

A better tool to get clearer picture about the performances of the trainees.

Commitment:

Get the tool in hand within 6 weeks time.

ACTION PLAN

Key Action Steps	Time Frame	Responsible person
Sharing of workshop details with AVSC and other Clinical Master Trainers	10 July '94	Dr. Sukanta Sarker
Working on Variables	14 July '94	Project Trainers
Review the tool	19 July '94	AVSC
Field test and compare with the previous result	28 July '94	Project Trainers
Finalize the indicator	04 August '94	Project Trainers

Coordination:

There will be coordination between Project trainers and Trainers of other organizations and AVSC through presentation, meetings, telephone calls, and informing respective organization through letters.

FPSTC
COURSE WIDE REPORT ON FIELD FINDING INTERPRETATION AND
ACTION PLAN

REFRESHER COURSE ON SUPERVISION AND MONITORING

Methodology :

TIE conducted in 6 location of which, 3 were urban and the other 3 were rural based organizations. Besides the sample population, we also interviewed other 22 persons. Project Managers and Field Workers whose who are closely associated with the trainees. Samples were drawn purposively from 4 organizations. The sample size was 11, which represent the 9% of the total trainees. The interviewers were the program & training people of FPSTC & FPAB. Interview, observation, case study & record checks were followed as data collection method.

The organizations and the number of persons interviewed are shown in a table below :

Name of organization	Funding agency	No. of Supervisor interviewed	No. of other persons interviewed	Total interviewer
1. Swanirvar Bangladesh Ghior, Manikganj.	PF	2	4	6
2. BAMANEH Board Bazar, Gazipur.	TAF	3	6	9
3. Mamata Haliashahar, Chittagong	FPSTC	1	2	3
4. Thangamara Mohila Sabuj Shangha, Bogra	FPSTC	2	4	6
5. Mohila Angan Munshiganj	FPSTC	1	3	4
6. FPAB, Chittagong Branch	FPAB	2	3	5
Total :		11	22	33

Findings (Positive)

1. 54% of the Supervisors were able to provide feedback and undertake follow-up actions on the basis of supervision.
2. 72% of the respondent were using the monitoring tools, like, workplan, spot check register, household card, client register and monthly reports on regular basis.
3. On the job training (informal & formal) had been provided by 80% of the sample to enhance the KSA of their subordinates.
4. 90% of the sample had been found to check, compile and submit their reports on time and they also preserved all relevant reports and other documents properly for future references.
5. Service charges were found to be collected as per the organization's policy.

FINDINGS (Negative)

1. Feedbacks were not documented by 46% of the sample.
2. All problem solving procedures were not followed by 100% of the sample.
3. Staff evaluation checklist was not used by 64% of the sample.
4. Monitoring system was found to be inadequate among 42% cases.

Findings with interpretation & Recommendation

Findings	Interpretation	Recommendation
<p>1. Feedbacks are not documented by 46% of the samples.</p>	<p>There is no system for documentation</p>	<ul style="list-style-type: none"> - Written, instruction to supervisor for documentation - Develop and supply format for feedback - Close monitoring every month to see that they are documenting the feedbacks.
<p>2. All preblem solving procedures are not followed by 100% of the sample.</p>	<ul style="list-style-type: none"> - Taught in the course but the process are difficult to apply. - The Supervisors are not clear on the standards. - Lack of adequate knowledge. - They do not know how to apply. - Lack of positive attitude to apply 	<ul style="list-style-type: none"> - Simplify the process and modify the trg. methodology. - Look back to the interview guides - Discuss with training staff and Manager together. - Discussion with Manager & Supervisors - Need further training
<p>3. Staff Evaluation checklist is not used by 84% of the sample.</p>	<ul style="list-style-type: none"> - Checklist is not available. - Trainees think that it involves too much work load. - The checklist's is not being updated regularly so it has no use. 	<ul style="list-style-type: none"> - Written Instruction may be given for using the checklist. - Trainees job description may be reviewed to find out the load of works. - Ascertain proper policy regarding requirement of checklist.

General Findings

1. The nature of work of the Supervisors (trainee) were not same. As for example some of the supervisors supervising TBA/Community Volunteers/Part time Worker. On the other hand others are supervising regular & full time workers.
2. The level of education of the Supervisors (trainees) are not same.
3. As a training institute there is no scope of assessing the individual training needs of the trainees.
4. Sometimes the sponsoring organization sends heterogeneous trainee in all respect.

Limitations

1. Sample size was too small
2. The setting of standards were difficult for us in some cases due to lack of previous knowledge and reference.
3. Time was too short for processing field data as a result the accurate information may not be found.

Action Plan for Recommendation

- Recommendation : Simplify the Problem Solving Process and Modify the Training Methodology.
- Victory : A simple and updated problem solving module will be developed.
- Commitment : Group members are committed to update the curriculum and classroom.

Key Action Steps	When	Who responsible
1. To talk with PO/PM a few Supervisors of Swanirvan Project to have opinion on the Topic.	20-21th July '94	Ms. Sakeba Khatun Ms. Zubaida Ruksana and Mr. Abdur Salam
2. To talk with ACE(T)/DCE/CE and with other Trainers of FPSTC to have expert opinion.	5-26th July '94	"
3. To update the curriculum on the basis of the feed back.	27-28th July '94	"
4. Design Training methodology	31st July '04	"
5. Prepare module on problem solving process.	1st August '94	"
6. Pre-testing with peer group and receive feedback.	3rd August '94	"
7. Pre-testing with Supervisors and have their reactions.	7th August '94	"
8. On the basis of feedback and reaction curriculum may be revised if necessary	8th August '94	"
9. Preparation for the traianing program.	4th Sept '94	"

Key Action Steps	When	Who responsible
10. Implement training program	September '94	
11. Evaluation of training program.	September '94	
12. Preparation of reports	September '94	

Conclusion :

The TIE process is very useful for us. This process will help us to evaluate the impact of training in future. From this TIE process we feel that we should be very careful in setting the indicators, standards & developing data collection instruments to get the accurate information. The purpose of TIE will be fruitful and bring positive impact on the field performance if the field findings can be utilized to improving, updating & modifying the courses.

Refresher course on Management

Methodology :

10% of the sample was drawn from the Managers who attended in the refresher course in 1993. The sample size was 4 out of 37 pts. A convenient sampling was chosen in determining the sample number considering area, category of staff by CAs and cost effectiveness & efficiency. We visited 4 places & interviewed 4 managers. The interviewers were composed of persons from PI and FPSTC. It was the combination of program and training people.

Findings		Interpretation		Recommendations	
1.	Sample size is small which does not represent the whole group.	0	A convenient sampling was chosen in determining the sample number	0	Increase sample size by 20% - 25%
2.	Single method is used to collect the information.	0	Single method is not appropriate to collect relevant information	0	Observation guide modification Questionnaire development may be needed.
3.	Some section of the interview guide are not adequate to get accurate information.	0	Questions will not structured & not followed systematically	0	Multiple question needed for each indicator. Only one ques. should be asked at a time, questions breaks needed.
4.	Standard of some indicators are not appropriate.	0	Standard setting is not fixed according to practical situation.	0	Review & reset the standard of some indicator.

Recommendation :

Modify indicators/interview guide/questionnaire/tools

Victory :

Modify the following tools :-

- 1) Questionnaire
- 2) Observation check list
- 3) Interview guide

Commitment :

- 1) Presence and action of the group members (Program & training staff from each CA).

Action Plan:

Steps	When	Responsible
1. Schedule distribution and confirmation to all members	July 7, 1994	FPSTC Training unit (Management group)
2. Review meeting (Identify areas for modification decide/agree on the components)	August 4, 1994	All members
3. Prepare the draft modified tools/ list etc.	September 1, 1994	FPSTC (Management group)
3.1 Send modified tools	September 7, 1994	FPSTC (Management group)
4. Review meeting for modifying TIE tools	September 9, 1994	All members
5. Field Test	October	FPSTC (Management group)
6. Meeting finalizing Tools	October	All

Coordination : FPSTC Training Unit (Management group)

ANNEX G

MATERIALS DISTRIBUTED TO CAs/NGOs

Some of the following materials have already been given out to participants for their organizations; the rest will be distributed at the final workshop in January 1995.

Mager, Robert: *The Mager Six Pack*

Performance Analysis worksheets

Performance Analysis poster

Brinkerhoff, Robert: *Achieving Results from Training*

Spencer, Laura: *Winning through Participation*

Goman, Carol Kinsey: *Managing for Commitment*

Chapman, Elwood: *The New Supervisor*

Mandel, Steve: *Effective Presentation Skills*

Poullard, Laurie: *Goals and Goal Setting*

Maddux, Robert: *Delegating for Results*

Scott, Cynthia and Dennis Jaffe: *Managing Organizational Change*

Pike, Robert: *Creative Training Techniques Handbook*

Brandt, Richard: *Flip Charts: How to Draw Them and How to Use Them*

Kolb, David: *Learning Styles Inventory*

ANNEX H

EVALUATION FORM AND SUMMARY RESULTS

The form below was developed by a small group of participants.

TIE TEAM THIRD VISIT (June 22-26, 1994)

1. What was the best thing that happened to you this workshop please explain
আপনার নিকট এই কর্মশালার সব চেয়ে ভাল লেগেছে অনুগ্রহপূর্বক ব্যাখ্যা করুন।
2. What did you like least about the workshop. Please explain
এই কর্মশালার কোন বিষয়টি আপনার নিকট সব থেকে কম ভাল লেগেছে, উল্লেখ করুন
3. What helped you during the 3 days workshop ?
এই তিন দিনের কর্মশালা আপনাকে কি কি শিখতে সাহায্য করেছে ?
4. What was something you learned about yourself this workshop ?
এই কর্মশালায় আপনার নিজের সম্পর্কে আপনি কি শিখেছেন ?

5. What is your feeling on the following of this workshop (Please tick)
কর্মশালার নিম্নলিখিত বিষয়ে আপনার অনুভূতি টিক চিহ্নের দ্বারা পরীক্ষা করুন।

Item	Helpful	Not helpful
1. Workshop topics		
2. Facilitators facilitators techniques		
3. Group work		
4. Question/answer Sessions		
5. Handouts		
6. Posters		
7. Food		
8. Workshop place		

6. How could this workshop have been better ?
এই কর্মশালা কিভাবে আরো ভাল করা যেত শিখুন।

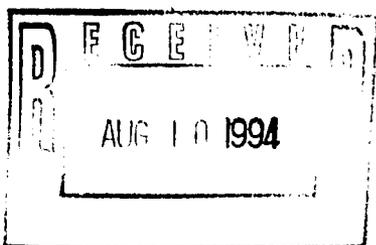
Thank you
ধন্যবাদ

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Three participants answered in Bangla; their very detailed responses suggested that it is useful to provide a written Bangla alternative for those participants whose English skills are weak.

The written evaluations revealed considerable consensus in a few areas. The following are the key findings, followed by parenthetical comments on how the findings will be applied to the final workshop.

- There was general enthusiasm for the highly participatory training methods, particularly the small group work. (This approach will be maintained in the final workshop.)
- Participants were glad of the chance to work with people from other CAs and exchange ideas and experience. (The final workshop will retain the cross-organizational working groups.)
- Although participants overwhelmingly found the process of analyzing field data and "how data can be transferred into action," they were equally strong in their concern that they did not have enough time to practice and master the process. Several expressed their concern that not enough attention was given to setting standards for indicators -- an essential task for collecting meaningful data. (In January, a considerable part of the workshop will be devoted to the analysis and interpretation of data, beginning with standard setting.)
- The participants were generally pleased with the session on report-writing. One stated, "I shall include the report-writing steps in my own curriculum." (The elements of a simple, systematic report will be reviewed in the January workshop.)
- The respondents were more distressed than the consultants by the frequent coming and going of some participants to attend to other organizational demands. They attributed some of this disruption to the workshop venue, which allowed people to leave the workshop and return to their offices periodically. (The January workshop will be held outside Dhaka.)



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