

PID - ABK - 644
ISN 93610

**TRAINING IMPACT EVALUATION:
FINAL VISIT**

JANUARY 23 - FEBRUARY 10, 1995

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FAMILY PLANNING MANAGEMENT DEVELOPMENT

**Project No.: 936-3055
Contract No.: DPE-3055-Q-00-0052-00
Task Order No.: A1717 BANGO**

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I. EXECUTIVE SUMMARY

The purpose of this visit was to bring to closure 15 months of technical assistance on training impact evaluation (TIE). The visit featured training-of-trainers' workshops, a final workshop on the TIE process, and a meeting with USAID and the chiefs of the cooperating agencies (CAs) during which members of the TIE team described their progress and asked for support for ongoing TIE activities.

The key conclusions reached during this consultancy were:

- A. Encouraging the use of Bangla as the primary working language has led to greater understanding, broader participation, increased ability to apply learnings, and greater investment in the TIE process.
- B. The trainers who participated in the TIE scope of work are acutely aware of the need to improve training quality through the periodic infusion of fresh ideas, exchanges with colleagues, and chances to practice new techniques in a safe environment.
- C. Negotiated agreements between trainers and the organizations sending participants to courses can help clarify expectations, create common understandings, and increase the satisfaction of both parties.
- D. Working together over time has created in the TIE team a sense of common purpose and has established a body of competence and pool of intellectual resources that reach across organizations and job classifications.
- E. For those participating in the TIE scope of work, the emphasis has been on mastering the steps of a process, rather than on obtaining results.
- F. Despite this emphasis, all four course-related groups did reach the point of drawing conclusions and proposing actions on the basis of those conclusions.

From these conclusions emerged five recommendations:

- A. To encourage work in Bangla whenever feasible and consider the use of an interpreter when complex concepts are being presented and active exchange of ideas is desired.
- B. For CAs/NGOs to capitalize on the energy and enthusiasm of the trainers involved in the TIE process by supporting the ongoing professional growth of their training staff.
- C. For trainers and the organizations sending participants to training courses to articulate their expectations and negotiate an agreement before every training course.
- D. To sustain the TIE process by continuing cross-organizational TIE activities, evaluating the impact of TIE in about one year, and by mandating the NGOCC Training Sub-committee to serve as the institution responsible for TIE maintenance.

E. To strengthen TIE skills through an advanced TIE workshop in about one year.

Although the in-country work of the Boston-based consultants has been completed, one major task remains, to be coordinated by the NGOCC Training Sub-committee: the preparation in Boston of a draft of a TIE handbook, to be reviewed in Bangladesh, revised in Boston, and ultimately translated into Bangla and distributed to a variety of individuals and organizations.

II. BACKGROUND

In April 1993, three scopes of work for technical assistance were jointly developed by: the 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 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).

The purpose of the training impact evaluation (TIE) scope of work is to strengthen the capacity of the training and program staff of the CAs -- Family Planning Services and Training Centre (FPSTC), Pathfinder International, The Asia Foundation (TAF), AVSC International, the Family Planning Association of Bangladesh (FPAB) -- and of Concerned Women for Family Planning (CWFP) -- to conduct systematic impact evaluation, and to use the results to continuously refine the effectiveness of training.

During and between the first, second, and third visits, the CA/NGO staff who made up the TIE team:

- Selected four training courses whose impact they would evaluate and formed inter-organizational groups 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 which they then used to collect data in the field;
- Analyzed the findings from the field visits and developed hypotheses about whether performance gaps were more related to training or to organizational support;

- Wrote reports on their field visits, including descriptions of methodologies, summaries of findings, preliminary hypotheses and recommendations, statements of the "victories" they would experience if they completed the TIE process, and action plans for the six months before the next consultant visit (see Trip Report for June 20-30 1994, Annex F).

This report describes the fourth and final consultancy conducted under the TIE scope of work, from January 23 - February 10, 1995.

III. PURPOSE AND SCOPE OF WORK

This final visit was conducted by the same team that undertook the first three consultancies. The scope of work was to:

- A. Conduct a 3-day workshop 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 (to be drafted in English in Boston and translated into Bangla in Bangladesh) incorporating the learnings of this scope of work and providing guidance for the future evaluation of training impact.
- B. Work with the training institutions to develop their skills in revising course content, expand the methodologies used, and strengthen training skills. This work was to address issues related to the four courses covered in the TIE scope of work but also offer approaches and skills that training staff can use to modify or develop other courses in the future.

IV. ACTIVITIES

A. Pre-visit TIE update and TOT needs assessment

Before the visit, we sent three faxes to each organization. The first fax announced the dates and proposed a schedule of activities for the upcoming visit and reminded CA/NGO chiefs that we would soon be requesting updated information on the progress of the action plans developed in June 1994. This fax was intended to help maintain momentum between consultant visits and to give the CA/NGOs fair warning that they would soon be asked to report on their progress. The second fax requested the updates; the responses (Annex A) were used to formulate the agenda for the final TIE workshop. The third fax presented the final schedule for the visit and posed a series of training-related questions to be answered by each member of the CA/NGO TIE team; the responses (Annex B) were used to determine the areas of focus for the training of trainers (TOT) workshops.

B. Meetings with CA/NGO chiefs

As has been our practice, when we reached Bangladesh we met separately with each CA/NGO chief who was available, to describe the plan for our visit, inform them of the proposed content of the two workshops, get their comments and suggestions, and agree on those who would participate in both workshops (Annex C).

C. TOT workshops

We held separate one-day workshops with the training staffs of FPSTC and CWFP and a two-day workshop which included these same training officers as well as all other members of the TIE team. (CWFP requested that nine trainers who were not members of the TIE team be included in their one-day workshop, and the request was honored.) Each of the smaller workshops focused on different aspects of curriculum design and introduced new training techniques with many opportunities for practice. In this way, the participants from the two training institutions (FPSTC and CWFP) brought slightly different experiences to the large TOT workshop and were able to further practice their facilitation skills by assisting in the core activities of the large TOT and conducting some activities of their own.

The entire TOT experience introduced three frameworks for curriculum design and training implementation:

- A planning sequence to develop a training event;
- A model of learning styles and experiential learning to sequence learning activities and choose appropriate methods and techniques;

- A method for processing learning activities, based on the learning cycle, that engages participants at several levels, by encouraging them to respond to each training activity through their senses, their emotions, their intellects, and their determination to act on what they learned.

Throughout the four days of TOT, we modeled and demonstrated these frameworks in action. The participants wore two hats: as trainees, they experienced and processed each activity first-hand; as potential trainers, they then revisited the entire sequence from a trainer's perspective. Several opportunities were built into the design for them to practice what they learned and try out new techniques. The objectives of the three TOT events are presented in Annex D.

The sequence of TOT activities was intended to complement the TIE process, giving participants some new conceptual frameworks and techniques to help them revise courses if TIE results indicated such a need. Thus, TOT activities were designed to foster:

- Increased confidence of the participants in their ability to revise the design and curriculum of existing training courses;
- An interest in experimentation with a greater willingness to take risks in trying out new ideas and techniques;
- A better understanding of their own learning styles and the implication for training design;
- An increased awareness of available skills and resources within the CA/NGO training community;
- Greater comfort in giving feedback to each other;
- Familiarity with a wider array of training techniques and group management approaches to use in their training.

The three events were designed to maintain a fast pace, a variety of experiences, and an atmosphere of creativity, stimulation, and fun.

D. TIE workshop

The closing workshop on TIE took place in Rajendrapur from February 3-6. The workshop was intended to reinforce the TIE experience to date and lay the groundwork for sustaining the TIE process in the future. To this end, the TIE team members:

1. Reported on the progress of the four groups which were assessing the impact of four courses in carrying out their action plans of June 1994;

2. Reviewed the steps in the TIE process and extracted the learnings;
3. Reviewed the skills acquired during the process and, at their request, devoted considerable time to practicing the two skills they found most difficult: setting indicators and standards and interpreting findings;
4. Planned next steps to complete the impact evaluation of the four courses under consideration;
5. Developed strategies to continue the collaborative TIE effort;
6. Commented on the proposed outline for the TIE Handbook to be drafted in Boston (Annex E);
7. Designed a schedule for the final debriefing of the CA/NGO chiefs and USAID on February 8, volunteered to present parts of the debriefing, and prepared for their presentations.

The schedule of activities and the learning objectives are presented in Annex F.

At the end of the three days, the TIE team members reflected on their experience throughout the TIE journey we had collectively undertaken. Some of their comments:

"In a sea called 'TIE', I am now confident I can swim."

"[I feel I've been] taken by the hand across a bridge."

"I now understand areas of collaboration and cooperation among CAs and NGOs."

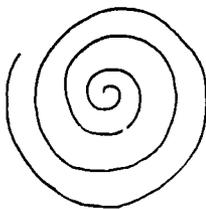
"I can see a light about how to develop training."

"These two days, I had taken so much in my brain that I was confused. Now I'm clearer."

"The gap between training and programs has decreased."

"I used to be scared of him [a program officer from another organization] and now I'm not!"

Two TIE team members drew pictures to illustrate their experience and explained as follows:



(Developing TIE skills seen as a spiral, constantly expanding and remaining open at the top, to show the potential for future learning and growth).



(Having reached 30 on a scale of 1-100)

Each person was also asked to respond in writing to the following questions:

- How confident are you that, with your TIE colleagues, you can carry out the steps of the TIE process?
- How likely do you think TIE is to improve the responsiveness of training to field needs?
- What role will you personally play in continuing the TIE process?
- What do you consider the most and least successful features of the TIE technical assistance activities?

The responses are summarized in Annex G. The responses suggest that, if there is any followup TIE training (see Recommendation E) more work needs to be done on the analysis, interpretation, and reporting of data and, for some people, setting indicators and standards.

E. Debriefing with CA/NGO chiefs and USAID

The final presentation of the TIE experience was held at FPSTC on February 8. We had planned from the start of this visit that the TIE team should conduct as much of the debriefing as was comfortable for them, and the content of the meeting (Annex H) was planned by the entire TIE team and further refined by a smaller planning committee representing all the participating organizations. We introduced the meeting, presented the background, and offered our perceptions of the team members and a description of the factors that had influenced our work. Then the TIE team took over. In Bangla, team members:

- Explained the steps of the TIE process;
- Reported on the experience of each of the four groups in following those steps, their plans for completing or repeating the process, and their main learnings along the way;
- Reported on the highlights of the TOT;
- Demonstrated in a lively role play one of their most important learnings: the importance of negotiated agreements between program and training staff before training events;
- Presented their strategies for sustaining the TIE process in the CA/NGO community and their recommendations of activities to implement the strategies (Annex I);

- Answered questions from the chiefs and others at the end of the entire presentation.

The effectiveness of their presentations and the positive spirit of the meeting were embodied in the verbal support of the chiefs for increased communication and collaboration between program and training institutions and staff; recognition of the importance of negotiations around the development and revision of training courses; and acceptance of TIE as an ongoing process. As one aspect of the collaborative effort, it was proposed that training staff be kept more fully informed of the broad dimensions, strategies, and new initiatives of the family planning program in Bangladesh.

V. CONCLUSIONS

A. Working in Bangla

It is clear to us that the gradual shift from English to Bangla as the primary working language over the 15 months of this scope of work led to greater understanding, broader participation, increased ability to apply learnings, and greater investment in the TIE process. At the request of the participants, the workshops in this consultancy were conducted with the assistance of an external interpreter, freeing those whose English skills are most highly developed from the need to double as interpreters and participants, and allowing us to follow more closely the exchanges in Bangla among the participants, which were an essential and significant part of the last workshop. This approach was vividly demonstrated during the final debriefing when all presentations by TIE team members were conducted in Bangla, and the questions and comments were predominantly directed at, and answered by, the team members rather than the consultants.

B. Improving training quality

Professional trainers are acutely aware of the need for the periodic infusion of fresh ideas, exchanges with colleagues, and chances to practice new techniques in a safe environment. Many of the trainers in the CA/NGO community have no regular access to this kind of stimulation and are relying on the basic TOT they received at the start of their careers. Their involvement in the very limited TOT provided in this consultancy was remarkable; they enthusiastically explored and embraced new concepts and courageously tried new training techniques.

C. Negotiated agreements

The differing expectations of training institutions and their clients have been a constant theme of this scope of work. The TIE team came to the realization that these expectations are rarely articulated. Each party may have a clear idea of what it hopes the outcome of training to be, and these ideas might not match.

It is then no wonder that both sides are often disappointed in the results of training. One or the other party is likely to respond to such disappointment by proclaiming a judgment on the quality of the training, the quality of the participants, or the quality of the management systems to which trainees return. All these are futile attempts to assign blame, and none deals with the root cause of the problem: unvoiced conflicting expectations.

At the start of this scope of work, there were occasional attempts to enlist the TIE process to validate one or another of these judgments. The TIE team quickly realized that this was an inappropriate use of the TIE methodology, but it was only during our fourth visit that they clarified and demonstrated an effective way to match the expectations of trainers and their clients. On the last day of the TIE workshop, the participants developed role plays around negotiated agreements between program and training staff. In these role plays, program staff stated clearly what they expected trainees to be able to do after the training, while training staff stated equally clearly the capabilities and limits of training and the extent to which they were willing to be held accountable for meeting the program staff's expectations. Two of the TIE team volunteered to present their role play to the chiefs and USAID during the debriefing meeting; their presentation dramatically demonstrated the power of the negotiation process to engender common understandings and increase the satisfaction of both parties.

D. Collaboration

Working together over time has created in the TIE team a sense of common purpose and has established a body of competence and pool of intellectual resources that reach across organizations and job classifications. In informal conversation and plenary discussion, most TIE team members expressed their confidence that, *with the help of their colleagues*, they can now carry out the TIE process. Very few believe that they can do it alone. And they recognize that the credibility of TIE findings relies to a great extent on reducing bias by joint implementation of the process. Although collaboration makes extra demands on all the organizations, the benefits to training, field performance, and the overall family planning effort are obvious. TIE team members proposed to address this dilemma by calling on each other for assistance at key points in the process, to bolster their skills and continue the learning process.

E. The TIE process to date

1. Key learnings about the process

During the year-and-a-quarter over which this scope of work has been carried out, the emphasis has been on learning a process, rather than obtaining results. The four visits were designed to help the four course-related groups move through the TIE sequence (Annex J) at their own pace, gaining confidence in their mastery of each step. There has been no pressure to complete the process and come up with credible evidence for or against training changes during this learning period. The team members have discovered that:

- Some of the skills that effective supervisors and managers are supposed to demonstrate are hard to describe as observable behaviors; the team members working with these two levels of staff had to struggle to establish indicators and standards of acceptable performance.
- It is far more difficult to establish indicators for quality than for quantity of performance, but that quality -- while more elusive -- is what really makes the difference in field performance.
- Pre-testing, revising, and re-testing questionnaires and observation checklists are time-consuming, demanding tasks which cut into the other duties of training and program officers.
- There are underlying tensions -- between the role of neutral observer and that of supervisor/teacher, between practicality and rigor, and between the ideal of collaboration and the reality of different organizational needs and priorities -- that will not disappear. The members of the TIE team have found it useful to acknowledge these tensions and to try to agree on how to resolve them in different situations.

2. Key learnings about field performance: training and organizational factors

Despite the need to wrestle with these problems, often returning to steps in the process that hadn't worked as they had hoped, all four groups did reach the point of drawing conclusions on the basis of their preliminary findings, selecting one conclusion on which to focus, and proposing actions on the basis of that conclusion. Some of the conclusions and proposed actions are training-related; others are related to organizational support; still others are related to the TIE process itself.

The group looking at the *basic fieldworkers' course* was able to interview a large number of trainees along with many of their supervisors and program managers. On the basis of these interviews, they determined that the ability of fieldworkers to apply their training on the job was largely determined by their educational level. This linkage between education and performance was particularly noticeable in the use of counselling and communication skills. The members of the group have decided to try to provide training separately for participants of higher and lower educational status, have revised the relevant training sessions for those with less education, and have tested the revised curriculum in a training course. They will use TIE in the future to see whether the curriculum revisions have had the desired effect. Their visits also revealed that participants were using a checklist provided by the client organizations which was different from the checklist presented in the training sessions. The group is planning to integrate the two checklists and present the new version in their training courses.

Those who looked at the *refresher course on supervision and monitoring* were surprised to discover that, when presented with a case, none of the course participants could apply the problem-solving method because it was too complex and was not seen as useful in dealing with real-life problems. They consulted with supervisors, managers, and program officers to learn more about the problems supervisors actually encounter in their work and what is considered effective problem-solving. They then worked with the training staff of FPSTC and their Chief Executive to develop a new, simpler, more practical problem-solving module. They are now prepared to teach the revised version and apply the TIE process to see if it has the desired impact in the field.

The group that evaluated the *refresher course for managers* realized, after interviews with a small number of participants, that their interviews were not yielding the accurate, substantive information they were seeking. This was related to the difficulty of defining measurable and observable performance in an effective manager. This group has struggled to move beyond quantity (for example, the presence or absence of a staff development plan, or numbers of meetings held/attended) and trying to determine something about the quality of the trainees' work. The group has focused on refining the performance indicators, attaching standards to each indicator that provide a clearer measure of acceptable quality. They have also revised the questionnaire, adding more questions for each indicator and establishing a clearer structure for the interview process. And finally, they have agreed to observe the manager in action (running a meeting, for example) and developed an observation checklist. They will test these new TIE elements on a larger sample of managers and, if satisfied, move on to analyzing and interpreting their findings.

The group that evaluated *refresher training on clinical contraception for paramedics* had already developed a questionnaire before the TIE scope of work was initiated. Over the course of the TIE workshops and field tests, they sharpened their indicators, added new ones (for record-keeping and quality of care), agreed on standards for each indicator, shortened the questionnaire, and increased the amount of field observation. Their field visits were limited to the Dhaka area but encompassed virtually all trainees within that area. The visits clearly revealed acceptable performance in some areas and significant deficiencies in others. In interpreting their findings, the group recognized that some deficiencies needed to be corrected by on-the-job training and closer supervision, but they also identified the organizational issues responsible for many deficiencies: too many clients coming at once for paramedics to be able to counsel them properly; the presence in some NGOs of counsellors who made it unnecessary for paramedics to use their counselling skills; inappropriate tools for history-taking and general examinations. They have shared their findings with the NGOs and are considering the best ways to implement changes in training, supervision, and systems.

VI. FACTORS THAT HAVE INFLUENCED THE TIE SCOPE OF WORK

During our three previous trips, we identified several factors that had to be considered in developing and implementing training impact evaluation in this particular setting. These factors were described in the earlier trip reports and are worth revisiting now, to consider their effect on the TIE process to date, how we have -- or have not -- attempted to deal with them, and their potential effect on future TIE efforts.

A. Organizational concerns

In our first visit in November 1993, we interviewed the chiefs, training staff, and selected program staff of all the organizations involved in TIE. These interviews revealed:

- *Diverse understandings and expectations of the purposes of TIE, with several purposes often co-existing within a given organization.* The members of the TIE team have come to a common view of the usefulness of the process not just for their own organizations, but for the Bangladeshi family planning CA/NGO community. The comments of the CA chiefs at the debriefing suggest that the shared understandings of the TIE team reflect a common understanding among the CA/NGO leaders as well.
- *Different organizational expectations and purposes can affect the choice of indicators, interviewers, and instruments, as well as the application of TIE findings.* The results of a TIE carried out by one organization may not be convincing to those whose expectations and purposes are different. It was this perception that led to the emphasis on cross-organizational TIE groups. These groups have been maintained throughout the process; some of them have met between our visits, despite the obvious burden such meetings put on busy staff.
- *Despite the ostensible intent to link training to performance needs, only rarely are performance gaps or discrepancies the criteria for attendance at training courses.* Despite universal acknowledgment of this problem and its negative effect on the ability of training institutions to provide focussed training with direct applicability to each participant, the realities of the situation make it likely that field staff will continue to be sent for refresher training for reasons other than individual performance. But there are two mitigating factors. One is that on-the-spot correction by supervisors or program officers reportedly takes place more often than we had originally assumed. And second, the effort to revise courses on the basis of a reasonable sample of participants' performance does suggest that refresher courses will move away from the old practice of "teaching the basic course again, but faster" towards an emphasis on improving knowledge and skills that many people seem to lack.

There is an ideal cycle that links training to performance. Among the CA/NGO community, the stronger parts of the cycle are the immediate evaluation of training, identification of field performance deficiencies, and on-the-spot correction. The weak links are the analysis of causes of poor performance, interpreting the results, reporting, and applying the findings to either training or organizational systems. The entire TIE scope of work has been devoted to strengthening these weak links. One of the most gratifying aspects of this scope of work is the way in which TIE team members have come to recognize that TIE is not a mysterious, arcane process to be undertaken by experts, but a straightforward, relatively simple set of steps whose effectiveness depends largely on asking the right questions, listening and observing carefully, and using experience and common sense to interpret the findings. The TIE team is determined to continue to work together to build skills in analysis and interpretation, to share their findings, and to implement changes. With strong support from the CA/NGO leadership, they can do so.

B. Ambiguities and tensions

In the trip report of March/April 1994, we described three areas of tension that underlie the TIE process. As mentioned earlier, the TIE team members have seen these tensions played out in every phase of their work and have found it helpful to acknowledge them and to come to agreement on how to resolve them in different situations.

There is an ongoing tension between the role of neutral observer and that of supervisor/teacher. TIE team members found it professionally and ethically unacceptable to observe inadequate performance and not correct it on the spot. Many participants seemed to sense this dual role, making it difficult for them to respond honestly to attitudinal questions and creating some nervousness as they were asked to demonstrate a skill. This was, understandably, a more acute problem with paramedics whose improper adherence to standards of IUD insertion or asepsis could lead to severe illness or even death. But all the groups experienced it to differing degrees.

There is also ongoing tension between the need for impact evaluation to be practical (periodic, small-scale, not too disruptive, do-able within organizational resources) and the equally compelling need for it to yield convincing results (rigorous, precise, thorough, more costly). The TIE team came down on the side of practicality, but are determined not to settle for slipshod methods and highly questionable results. They were hard on themselves and each other when setting indicators and developing instruments, in the effort to move along the continuum towards precision and credibility within the limits of time and other organizational resources.

The third tension is between organizational collaboration and competition. There is no question that the CA/NGOs represent a range of mandates, priorities, and working styles. These differences have a positive side: they have enriched the perspectives of TIE team members and helped to keep TIE discussions lively and provocative. The destructive potential of competition has been greatly reduced by the cross-organizational group work, and individual relationships have blossomed in the workshops. It was striking -- and gratifying -- to observe during the last session of the TIE workshop that every person was sitting next to someone from another organization.

C. Guiding principles

The report of June 1994 cited four principles that have emerged from recognition of the tensions and guided the TIE scope of work. We restate them here to re-confirm their importance in future TIE initiatives.

1. Practicality

Training 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.

VII. RECOMMENDATIONS

A. Working in Bangla

All MSH consultants in Bangladesh should recognize the difficulties inherent in doing technical work in a second language, carefully assess the level of English-language understanding and communication skills of their Bangladeshi colleagues, encourage work in Bangla whenever feasible, and consider the use of an interpreter in situations where complex concepts are being presented and active exchange of ideas and full participation is desired.

B. Professional development for training staff

To capitalize on the energy and enthusiasm of the trainers involved in the TIE process, we recommend that the CAs/NGOs encourage and support the ongoing professional growth of their training staff. The most effective way in which this might be done would be for the trainers to take the initiative in designing events for their own professional development and for their organizations to allow them to build such events into their workplans. All such initiatives could draw on the books and other training materials provided to each CA/NGO in the course of this scope of work (Annex K).

Some of the ideas that emerged during the TOT workshops were:

- Periodic gatherings organized and hosted by different training groups, to share new concepts and try out new approaches and techniques;
- When training in teams, systematic feedback between colleagues;
- A week-long advanced TOT, developed jointly by Bangladeshi and expatriate trainers and conducted in Bangla, allowing for further exploration, more practice opportunities, and feedback from TOT leaders and peers.

It is crucial that self-development activities be planned and carried out by the trainers themselves, in an atmosphere that encourages them to stretch their capabilities by experimenting and taking risks without fear of failing.

Such activities could be planned and organized under the aegis of the NGOCC Training Subcommittee, if that group were to develop a clear mandate and an active membership

including training officers from all participating organizations.

C. Negotiations for training

Before every training course, the trainers and the organization sending participants to the course should meet to articulate their expectations of the course, clarify what training can and cannot do to improve the performance of participants, and negotiate an agreement on every element of the proposed course. Such negotiations will enable the training institutions to provide the best possible training, make it more likely that the program staff working with the NGOs get what they are looking for, and provide a basis for future evaluation of training impact.

D. Sustaining the TIE process

1. Every effort should be made to continue cross-organizational impact evaluation activities at key points in the process (for example, selecting performance indicators, pre-testing instruments, analyzing TIE results, negotiating course content). This would entail time set aside for training officers to join program staff from their own and client organizations in field visits when considering course revisions -- perhaps twice a year. Supervisors of training officers and selected program officers should encourage shared TIE activities and build them into the workplans of the appropriate staff members. When any TIE study is completed, the analysis of the results should be presented in a written report and shared with all organizations involved in the course under consideration.
2. After some agreed-upon time period (perhaps one year), outside consultants should conduct their own TIE, to evaluate the impact of this scope of work on the training/performance cycle of the participating CAS/NGOs. Such an evaluation should consider, among other things, the extent to which TIE has been built into CA/NGO operations, the extent to which the Handbook is being used, how TIE findings are being reported and to whom, how the findings are being used, and the extent to which the users of training feel that training is meeting their needs. This evaluation should be combined with technical assistance, if needed, to move the process forward.
3. The NGOCC Training Sub-committee should be the institution responsible for TIE maintenance. Its mandate should specify this commitment, and a workplan should be developed to ensure that tasks are specified, assigned, and monitored. The Sub-committee should consider expanding its membership, if necessary, to encompass the perspective of clients of the training organizations as well as the trainers themselves.

E. Strengthening TIE skills

This scope of work has attempted to build a common skill base among individuals with very differing professional backgrounds, duties, and levels of experience and comfort with

evaluation. They have overwhelmingly expressed confidence in their ability to carry out the process with the support of the group, but there is always room for individual growth. After the process has been in effect for a year or so and the evaluation has identified skill areas to be strengthened, an advanced TIE workshop should be conducted in response to the findings of the evaluation. The evaluation, technical assistance, and advanced workshop could well be included in the same consultancy.

VIII. NEXT STEPS

The TIE Handbook

The following tasks are divided between the Boston-based consultants and the TIE team members. We strongly recommend that the NGOCC Training Sub-committee oversee the activities to take place in Bangladesh: setting and monitoring schedules, forming the review groups, and assigning responsibility for translation and distribution.

1. A draft of the Handbook will be produced in English in Boston by the two consultants with input from the FPMD Publications Unit. It will be sent to Bangladesh at the end of March 1995.
2. TIE team members will review the draft (preferably in groups) and send their comments to Boston by the end of April.
3. The consultants will review the comments and revise the handbook, sending the final version back to Bangladesh at the end of May.
4. The Handbook will be translated into Bangla and distributed to every member of the TIE team, the CA/NGO chiefs, and any others to whom it may be useful.

IX. ADDITIONAL ACTIVITIES CARRIED OUT DURING THIS VISIT

A. Meeting with TAF on evaluation of training institutions

At the request of Ms. Kirsten Lundeen, TAF Program Manager, we met with her and Mr. Nazrul Islam, Senior Program Officer for Training of TAF, to discuss approaches and instruments that TAF could use for evaluating the training institutions within its program portfolio. We had earlier sent Ms. Lundeen and Mr. Islam sample instruments (Metracap, developed by Development Associates, and the Handbook on Indicators for Evaluation of Family Planning Training developed by the Evaluation Project of Carolina Population Center). Both were considered useful and TAF intends to use selected parts of Metracap to help their training institution grantees monitor their performance more systematically.

TAF is determined to involve the institutions in evaluating and improving their own work as they prepare for reduced donor funding and a more competitive climate. We agreed that, whatever instruments are selected, they must be used in a climate which encourages and rewards honest self-evaluation rather than punishing the institution for revealing its weaknesses.

B. Meeting with representative of GTZ

Although representatives of the Bangladesh Rural Advancement Committee (BRAC) and Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) had been invited to the debriefing, they did not attend. Shortly after the meeting, we were contacted by a GTZ representative, Mr. Habibur Rahman, Associate Advisor for Management Information and Operational Research, who had received the invitation too late to attend the meeting. We met informally with him and Mr. Nazrul Islam. We briefed Mr. Rahman on the TIE experience, Mr. Islam offered him copies of TIE reports and handouts, and he and Mr. Islam discussed possible future interchanges between the CA/NGO community and the Bangladesh National Institute of Population Research and Training (NIPORT) in the area of training impact evaluation. Mr. Islam will maintain contact with Mr. Rahman to explore possible areas of mutual interest.

C. Work with FPMD/Dhaka on publications

Ms. Buxbaum had two meetings with Ms. Shaheda Hasan, FPMD Program Officer, reviewing the most recent drafts of the Action Plan Guidelines and the training manuals for several LIP training programs. At our initial meeting on January 24, we went over in detail the written comments on the drafts that had been earlier sent to Dhaka by the FPMD Publications Unit. Before our second meeting on February 8, Ms. Hasan was able to spend several days reviewing the manuals and making the needed changes. At our second meeting, we went through her work and identified remaining inconsistencies in style and format. The changes have been entered by a secretary under Ms. Hasan's supervision, and considerable progress has been made, despite the time limitations imposed by her concurrent responsibility for the translation of the *Family Planning Manager's Handbook*.

As we reviewed these materials together, it was clear to both of us that the problems with the training manuals are only partly a question of format; they also reflect the difficulty many trainers have in describing their activities clearly for an outside audience, and are compounded by differing levels of comfort with written English.

Ms. Hasan has the experience, the eye for design, the attentiveness to detail, and the broad grasp essential in a good editor. With enough uninterrupted time, she will be able to quickly complete the manuals which are nearly ready and, over a slightly longer period, make the basic editorial changes in the training manuals. But if FPMD/Dhaka is to continue to produce training materials in English, it would be useful for the program officers involved to work closely with Ms. Hasan on language and format.

On a more substantive level, the training activities themselves could be made more participatory, lively, and varied. The program officers might well benefit from a basic TOT workshop, to enrich their considerable training experience and bring new concepts and techniques to the LIP courses.

D. Orientation visit to Bahubal LIP

With Mr. Shabbir Uddin Ahmed, FPMD Senior Program Officer, we visited Bahubal Thana in Habiganj District, Chittagong Division. We met with the Thana Nirbahi Officer, Thana Family Planning Officer, three Union Parishad Chairmen, other members of the Thana FP Management Committee, several Family Welfare Assistants and Family Planning Inspectors, and a considerable number of volunteers from the two unions that participate in the program. In addition to the large formal meeting at the Family Welfare Center, we attended a satellite clinic and FWA/volunteer meeting that were arranged especially for our visit.

This is the same thana that was visited by Alison Ellis, Director of the FPMD Asia/Near East Unit, and Sallie Craig Huber three months earlier (see Ms. Ellis' trip report, November 4-22, 1994). The impressive achievements she cited then were equally evident during this visit. The thana team has ambitious plans for the second year of their project: to extend the program from two unions to seven, thereby covering the entire thana; to more than triple the number of volunteers, from 130 to 430; to increase community support particularly on behalf of IEC activities; and through all these initiatives to raise the contraceptive acceptance rate from its present 48% to 54%.

During our conversations with three different groups of volunteers, we were struck by their willingness to ask and answer questions, after some initial shyness. It may well be that their participation in prior focus groups gave them the assurance to take part in a conversation with strangers and to express themselves quite forcefully when asked about their work, their successes and problems, and the reactions of their husbands and fathers-in-law.

X. ANNEXES

- A. FAXED REQUEST AND RESPONSES RE: TIE PROGRESS UPDATE**
- B. FAXED QUESTIONS AND RESPONSES RE: TOT NEEDS**
- C. PERSONS CONTACTED**
- D. SCHEDULES OF TOT EVENTS**
- E. DRAFT OUTLINE OF TIE HANDBOOK**
- F. SCHEDULE AND LEARNING OBJECTIVES OF TIE WORKSHOP**
- G. SUMMARY OF TIE WORKSHOP EVALUATION RESPONSES**
- H. CONTENT OF TIE DEBRIEFING MEETING**
- I. STRATEGIES AND ACTIVITIES RECOMMENDED BY TIE TEAM**
- J. TIE SEQUENCE**
- K. BOOKS AND TRAINING MATERIALS GIVEN TO CAs/NGOs**
- L. TRAINING IMPACT EVALUATION OF THE FAMILY PLANNING CLINICAL SERVICES REFRESHER COURSE FOR THE PARAMEDICS**

ANNEX A

FAXED REQUEST AND RESPONSES RE: TIE PROGRESS UPDATE

It will help us prepare for our work together if you can fax us the answers to these questions. The more detailed your responses, the more effectively we can plan.

1. To what extent have you been able to carry out the additional data collection your TIE team planned in July? If not, what has kept you from doing so?
2. To what extent have your visits included members of more than one CA/NGO? What has made cross-organizational visits possible or impossible?
3. Which evaluation tools and methods have you found most useful? Which have you found least useful? (Please explain your answers.)
4. *If you are trainers*, has anything changed in the way you communicate with those who send you trainees? *If you are users of training*, has anything changed in the way you communicate with those who train your staff?

If so, please give some concrete examples.



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886941-48
Fax : 880-2-886134

LOC-P-984
December 26, 1994

Mailing Address
G. P. O. Box
Dhaka
CABLE ASIA

Ms. Ann Buxbaum and
Ms. Sylvia Vriesendorp
Family Planning Management Development
Management Sciences for Health
400 Center Street
Newton, MA 02158
USA

Subject: Training Impact Evaluation Update

Dear Ann and Sylvia:

Thank you for your letter. We have the following comments on your questions:

Visit dates: It appears that dates of your proposed visit conflict with the month of Ramadan—people fast this time (March 01-7th). In discussions with training staff of CWFP and Pathfinder International, we feel that it would be convenient for the participants if you could make visit after the Ramadan. Your visit in the week of March 15, 1995 will not conflict with holidays here. Please confirm if rescheduling of your visit is at all possible.

Assessing appropriateness of the prepared TIE tools: Your understanding on this issue is fine. CWFP trainers would like a discussion on various tools used/talked during the TIE process and examine if the used tools are appropriately designed and utilized.

Training Assessment Monitoring Tool: We request that you to bring some sample monitoring tools which may help our training staff evaluate the training centers, Concerned Women for Family Planning and Center for Development Services. I would like to implement an annual evaluation process.

Other Issues:

1. After your last visit, the TIE groups did not collect the additional data. However, the management team is in the process of revising the interview tools and will test the tools before your arrival. The field workers team have implemented some of the recommendations made in the last TIE workshop.

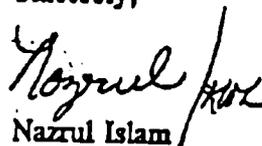
2. I have met the training staff of the CAs and also the training centers staff a number of times and helped in revising CWFP TIE action plans and redesigning the interview questionnaire for the management training evaluation.

3. The tools for the interviews and observations have been found useful. Our staff found the mixed tools are very useful in collecting information for training impact evaluation. The mailing questionnaire has not been used in the TIE process. An appropriate questionnaire of this kind could save time for collecting information.

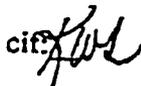
4. Some changes have been made for informing the training centers on the sub-project training needs. We have specifically mentioned the required skills for the proposed participants during our communications with training centers on our sub-project training needs.

Please confirm your next visit dates. We wish a very Happy New Year! Look forward to seeing you.

Sincerely,



Nazrul Islam
Senior Program Officer (Training)

cit: 

AB
SV
AS
PC
CS
Files
Chm

To : Ms. Ann Buxbaum and
Ms. Sylvia Vriesendorp
Family Planning Management Development
Management Science for Health
400 Centre Street, Newton, MA02158
USA

Fax : (617)965-2208

From : Abdur Rouf
Chief Executive

Sub : Training Impact Evaluation

Dear Ms. Ann Buxbaum and
Ms. Sylvia Vriesendorp

Greetings from FPSTC for Merry Christmas and happy new year. We have received your fax about your coming trip to Bangladesh on January 23, 1995. We do not apprehend any abnormal political situation during that time. However, we are furnishing the answers of the 4- stated questions desired by you as follows :

1. We were not able to collect any additional data on TIE. Because, one of the members of TIE group from PI was not available as he was away attending a long term training course abroad. Another new member from PI has joined in the TIE group. Now we are modifying the interview guide questionnaire for conducting TIE.
2. So far, we have met in three review meetings at FPSTC, TAF and PI for finalizing the methods and tools of TIE. Though the value of importance of TIE have fully been appreciated by all of us, no cross organizational visit could be planned as yet.
3. Interview with guide questionnaire has been found as most useful to us.
4. Yes, we have been brought some changes in communicating with the clientele organization which are as follows :
 - Meeting for assessing qualitative training needs for each category of the staff.
 - Meeting for updating curriculum.
 - Consultation meeting before the training course for accommodating special issues, concepts and skills if required.
 - Post-training review meeting for further improvement of the next course.

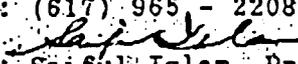
With best regards

Sincerely yours


(Abdur Rouf)
Chief Executive

Pathfinder International
House 16, Road 13-A
Dhanmondi RA, Dhaka, Bangladesh
Tel.: 810727, Fax : 880-2-813048

Facsimile Cover Sheet
Number Pages (including cover sheet) : 1

To : Ms. Ann Buxbaum & Ms. Sylvia Vriesendorp/MSH
Fax : (617) 965 - 2208
From : 
Saiful Islam, Program Manager
Reference : Training Impact Evaluation (TIE)
Date : December 8, 1994

Thank you for your fax of December 2, 1994.

1. Your proposed travel plan to Dhaka during January 23 - February 9, 1995 and holding of workshop on January 29 - 31 appear OK as of now. We shall communicate the firm dates after we have confirmation from other CAS. As you have wished to be apprised on likely uninterrupted working situation in Dhaka in Jan-Feb 1995, "Hartals" were observed on December 7 - 8, 1994, with possibility of further disruption during end December/early January.

2. We have contacted CWFP and FPSTC to provide feedback on development of data collection instruments and other progress made. Shall provide detailed information next week.

AVSC International

access to voluntary and safe contraception



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 81 70 40, 82 66 10
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MEMORANDUM

To: Ms. Ann Buxbaum and
Ms. Sylvia Vriesendorp
Family Planning Management Development
MSH, Boston.
Fax: 617-965-2208

From: Dr. A. J. Faisal *A. Faisal*
Bangladesh Country Office
AVSC International
Fax: 880-2-813-723

Subject: Training Impact Evaluation (TIE).

Reference: Fax from MSH received on 4 December 1994.

Date: 5 December 1994

Greetings from Dhaka. Dr. Sukanta Sarker and Mr. James Griffin are now in Bangkok attending the MSH workshop. "Hartals" and political incidence are difficult to predict for the months of January and February. I think the proposed schedule is fine with us.

In response to your questions please find the answers in the same chronological order:

1. We have collected all additional data as was planned earlier.
2. In one or two occasions we could include members of other CA/NGO to be a part of the team conducting the evaluation visits. Time constraint was the biggest problem on the part of the staff of other CA/NGO. Some of the CAs/NGOs staff felt that the conduction of the evaluation visit should be a part of our training project and as such this is our responsibility to get this activity completed.
3. Observation of each of the steps of clinical service delivery was said to be the most useful tool. Filling out the checklist was the next most useful. A detail explanation will be provided in the proposed TIE workshop.
4. The Trainers have changed their training methodologies as a consequence of the evaluation visits. More can be discussed during the TIE workshop.

We will appreciate receiving guidance from you in regard to the preparations we should make for the TIE workshop. Remain to hear from you soon. Regards.

Copy to: Mr. Robert Cunnane, Chief, NGO Unit, OPH/USAID, Dhaka.
Mr. James L. Griffin, Senior Staff Associate (Trg.), ARO,
AVSC International.

msh.tie



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B6-FAX-SF-574
 Page: 2/3

Mailing Address:
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 CABLE ASIAF

LOC-P- 814
 November 3, 1994

Ms. Ann Buxbaum and
 Ms. Sylvia Vriesendorp
 Family Planning Management Development
 Management Sciences for Health
 400 Center Street
 Newton, MA 02158
 USA

Subject: Training Impact Evaluation (TIE) Update

Reference: Fax of October 7, 1994

Dear Ann and Sylvia:

Thank you for your recent FAX and the most useful books. The suggested dates for your next visit, January 24-February 8, 1995 are convenient for us.

To update you TIE activities since your visit:

- (1) CWFP has revised the recommended TIE workplan schedule and started implementing activities which include: sharing TIE findings with trainers, modification of interview tools, revision of counselling and communication curriculum for FWs in response to their needs and education level, modification of training techniques, implementing the revised curriculum, on-site performance observation of training effects, oriented the trainers on the changes of curriculum, revised tools, and held a meeting with CAs staff to share the changes.
- (2) During our last meeting with CWFP training director and coordinators, they suggested that the upcoming January 1995 workplan include: sharing the changes made by the training center as a result of TIE consultations, assessing appropriateness of the prepared training impact evaluation tools, reviewing the revised sections of the curriculum, and holding a trainers skills development program for all CWFP trainers to improve their skills on training techniques, materials development, curriculum development, conducting training sessions, etc.

- (3) The Foundation training staff maintain informal communication with other CA training centers staff. However, this could be strengthened by arranging formal NGOCC-Subcommittee (Training) meetings and sharing the changes that occur due to TIE. We have already had meetings with CWFP on it and we encourage them to arrange such a meeting to share their experience with other CAs staff and training centers.
- (4) Nazrul had a meeting with FPSTC trainers and the Pathfinder Internal's program officer on November 2, 1994 and contributed in reviewing and revising management training impact evaluation questionnaires. The group decided to sit again on November 28, 1994.
- (5) In addition, I would like to have your thoughts on training assessment monitoring tool. We need a comprehensive and standardized training monitoring checklist that can be commonly used by CWFP and the Foundation for improving the training programs management. Would you be able to bring some tools/checklists with you for our collective discussions.

As you were probably aware, I attended the ICPD in Egypt in September, 1994 and found it stimulating and challenging in thinking of future responsibilities of the family planning program in Bangladesh. Nazrul sends his regards to you and other colleagues at MSH.

Look forward to seeing you in January.

Sincerely,



Kirsten W. Lundeen
Population Program Manager

B:TIE:MSH

ANNEX B

FAXED QUESTIONS AND RESPONSES RE:TOT NEEDS

In order to make the TOT refresher workshop meaningful to all participants, we are conducting a mini-needs assessment now. We will do our best to address as many of your needs as is possible within the short time we will spend together. If you are a trainer and will be joining the TOT workshop, please send us the answers to the following questions by January 8. *It is important that each participant respond individually; your needs may be quite different from those of your colleagues.*

1. What do you consider your greatest strengths as a trainer?
2. What aspects of training do you want most to improve?
3. Look over the following topics. Select the 4 you consider most important to cover in this TOT refresher course. Rank these 4 in order, putting a 1 next to your top priority and marking the remaining 3 accordingly.
 - Process evaluation
 - Principles of adult learning: review and application
 - Curriculum/materials development, review, and revision
 - Training techniques
 - Learning styles
 - Basic presentation skills and facilitation methods
 - oral delivery
 - visual aids
 - Managing groups

(For CWFP and FPSTC)

4. What issues do you prefer to address during the day we work separately with you?
5. Would you like an interpreter for that day? If so, can you provide one?

FPSTC

Compilation sheet of the individual responses on TOT

Name of the Trainer	Question # 1	Question # 2	Question # 3	Question # 4	Question # 5
1. Mr. Md. Anwarul Islam	<input type="checkbox"/> Conceptual and Analytical Skill <input type="checkbox"/> Create conducive atmosphere	Material and case development	1. Basic presentation skill 2. Managing group 3. Curriculum/Material development 4. Training techniques	Learning style	No
2. Ms. Roxana Parveen	<input type="checkbox"/> Analytical skill	<input type="checkbox"/> Curriculum Development	1. Curriculum Development 2. Basic presentation skill 3. Managing groups 4. Training techniques	<input type="checkbox"/> Curriculum Development <input type="checkbox"/> Training techniques	No
3. Ms. Sakeba Khatun	<input type="checkbox"/> Presentation skill	<input type="checkbox"/> Process Evaluation	1. Process Evaluation 2. Curriculum Development 3. Training Style 4. Training techniques	<input type="checkbox"/> Curriculum development <input type="checkbox"/> Training style	No
4. Mr. Mahbubur Rahman	<input type="checkbox"/> Rapport building	<input type="checkbox"/> Training Techniques	1. Basic presentation skill 2. Principles of adult learning 3. Training techniques 4. Learning style	<input type="checkbox"/> Training techniques	No
5. Ms. Mamataj Begum	<input type="checkbox"/> Managing groups	<input type="checkbox"/> Basic presentation	1. Basic presentation 2. Curriculum Development 3. Learning style 4. Process evaluation	<input type="checkbox"/> Process evaluation <input type="checkbox"/> Basic presentation	No
6. Ms. Zubida Rukshana	<input type="checkbox"/> Create participatory environment	<input type="checkbox"/> Training techniques	1. Curriculum Development 2. Process evaluation 3. Basic presentation 4. Training techniques	<input type="checkbox"/> Learning style <input type="checkbox"/> Process evaluation	No
7. Ms. Giralı Badrunnesa	<input type="checkbox"/> Managing time	<input type="checkbox"/> Material development	1. Curriculum Development 2. Presentation skill 3. Material development 4. Training techniques	<input type="checkbox"/> Present-ation skill <input type="checkbox"/> Training techniques	-

Pathfinder International

House 15, Rd 13A, Dhanmondi
Dhaka-1000, Bangladesh
Phone: 810727, 810728
Fax: 880-2-813048

To the attention of: Ann Buxbaum and Sylvia Vriesendorp

Organization: MSH, Newton, MA 02158, USA

Fax Sl #:



From: M. Alauddin, Country Representative, Pathfinder Bangladesh

Fax # (617) 965 - 2208

Date: January 12, 1995

Number of pages 2 including this page.

Reference : Training Impact Evaluation

Thank you for your fax of December 23, 1994 informing us about the revised program of your upcoming visit to Dhaka from January 23 to February 9, 1995.

TOT Refresher Workshop :

We had a meeting with FPSTC and TAP to identify appropriate venue for the TOT workshop scheduled for January 31 and February 1, 1995. FPSTC (in consultation with FPAB, CWFP and AVSC) is exploring with possible training facilities in Dhaka and will confirm you after finalizing the venue. The two-day TOT refresher workshop is considered short; participant trainers suggest to extend it for three days - extend it up to February 2, 1995.

TOT need assessment :

Response of Dr. Ferdousi Begum, Assistant Program Officer, one of TOT workshop nominees from PF, to your "need assessment questions" is quoted in the following page.

AB:
SV
AE
PF
File
Chun
CS

1. My approach to the trainee is the greatest strength as a trainer.
2. I want to improve my capability in development of curricula/training materials, review and revise them.
3. The following four topics I consider most important that to cover in the TOT refresher course :
 - a. Basic presentation skills and facilitation methods
 - oral delivery
 - visual aids
 - b. Curricula/materials development, review and revision.
 - c. Training techniques
 - d. Process evaluation

With best regards.

AVSC International

access to voluntary and safe contraception

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Dhaka-1209, Bangladesh
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31 70 40, 82 66 10
Cable : IAFORVS Dhaka.
Fax No. : 880-2-815723

MEMORANDUM

To : Ms. Ann Buxbaum
Ms. Sylvia Vriesendorp
Family Planning Management Development
Fax # 617-965-2208

From : Dr. Sukanta Sarker
AVSC International, Bangladesh
Fax # 880-2-813-723

Date : 5 January 1995

Total Pages: 4 (four).

Reference : TOT refresher and TIE Workshop

Thank you for the detail about your upcoming visit on TIE. We would like to know how many participants from AVSC (including its subgrantees) will be allowed to participate in the TOT refresher on 31 January and 1 February and TIE workshop from 4-6 February respectively.

Please find responses from the expected participants for the TOT refreshers courses. These are the Trainers (CMT) working with the Clinical and Management Training Program of AVSC International.

Regards.

AB
SV
K
PF
Fys
Chun

Responses:**Trainer - 1**

- Q.1. CMT training & working experience in a training program for 2 years; during this period I conducted several courses.
- Q.2. Training Methodologies.

Trainer - 2

- Q.1. Couple of months ago, I got a CMT Training - Through which I developed technical competence, meticulous knowledge required to provide clinical methods such as IUDs, injectables, Norplants sterilization as well as asepsis. These well informed scientific knowledge are great addition with my medical background. Being a Trainer I think that these are my greatest strengths.
- Q.2. I want to improve knowledge, skills, techniques, methodology, curriculum development about training.

Trainer - 3

- Q.1. Interpersonal communication skill.
- Q.2. Different training techniques.

Trainer - 4

- Q.1. a) A change in attitude for adult training.
b) Patience
c) Interpersonal communication.
- Q.2. a) Training technique & style.
b) Material development.
c) Evaluation of Training.

Trainer - 5

- Q.1. Interpersonal communication skills.
- Q.2. Process evaluation. Improvement of the knowledge, skills & attitudes of the Trainers.

Trainer - 6

Q.1. Presentation style is my greatest strength as a trainer.

Q.2. I want most to improve curriculum & materials development aspect of training.

Trainer - 7

Q.1. Medical graduation is my greatest strength as a Clinical Master Trainer.

Q.2. I want to know the different training techniques.

[b:misc/totques]

Q.3. Look over the following topics. Select the 4 you consider most important to cover in this TOT refresher course. Rank these 4 in order, putting a 1 next to your top priority and marking the remaining 3 accordingly.

Topics	Rating			
	1	2	3	4
Process evaluation	1	1	3	1
Principles of adult learning: review and application	0	0	0	0
Curriculum/materials development, review, and revision	3	2	2	0
Training techniques	3	4	0	0
Learning styles	0	0	0	3
Basic presentation skills and facilitation methods	0	0	1	1
- oral delivery				
- visual aids				
Managing groups	0	0	1	2

[b:misc/totques]

ANNEX C

PERSONS CONTACTED

1. TOT Workshop Participants

FPSTC

Mr. Anwarul Islam, Assistant Chief Executive, Training
Ms. Roxana Parveen, Training Officer
Ms. Sakeba Khatun, Associate Training Officer
Ms. Mamataz Begum, Assistant Training Officer
Ms. Zubaida Rukhsana, Assistant Training Officer
Mr. Mahbubur Rahman, Assistant Training Officer
Ms. Gitali Badrunnessa, Assistant Program Officer

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. Anwara Begum, Trainer

(Note: The following CWFP trainers attended only the one-day workshop held at the CWFP office: Ms. Shamim Banu, Ms. Farida Begum, Ms. Saima Haque, Ms. Gitasree Ghosh, Ms. Mariam Akhter, Ms. Hasina Begum, Ms. Anarkali Yousuf, Ms. Shipra Das)

TAF

Mr. Nazrul Islam, Senior Program Officer
Dr. Najmul Sahar Sadiq, Program Officer (IEC)

Pathfinder

Mr. Md. Mustafizur Rahman Bhuiyan, Program Officer
Mr. Farhad Chowdhury, Program Officer
Dr. Ferdousi Begum, Assistant Program Officer (Medical)

AVSC

Dr. Sukanta Sarker, Senior Program Officer
Dr. Samina Choudhury, Program Officer (Medical)
Dr. S. M. Shahidullah, CMT Program

FPAB

Dr. A. K. Mujtaba Sadeque, Deputy Director
Mr. Md. Abdus Salam, Senior Program Officer

2. TIE Workshop Participants

(This list is organized according to the groups that worked together on each training course. For the most part, these were the same people who attended the TOT workshop, so their titles are not repeated here.)

Fieldworkers' Basic Course

CWFP

Ms. Nargis Sultana
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Mr. A.K.M. Shahjahan, Thana Family Planning Officer

Union Parishad Chairmen of Putijuri and Bhadeswar Unions

Representatives of Thana and Union Family Planning Committees

Family Welfare Assistants and Volunteers of Putijuri and Bhadeswar Unions

ANNEX D

OBJECTIVES OF TOT EVENTS

FPSTC Workshop

For each participant to:

1. Determine his/her own learning style
2. Apply learning style theory to training design
3. Review and practice a variety of training techniques

CWFP Workshop

For each participant to:

1. Use a planning sequence to analyze and plan a training session or course
2. Identify the stages of the learning cycle and apply the cycle to training design
3. Review and practice a variety of training techniques

General TOT Workshop

For each participant to:

1. Determine his/her own learning style
2. Explain the effects of trainers' and participants' learning styles on training
3. Strengthen design and facilitation skills by:
 - Using learning styles theory to design a training session
 - Conducting a structured conversation about a training experience
 - Using and demonstrating new training techniques

ANNEX E

DRAFT OUTLINE OF TIE HANDBOOK

Acknowledgements (members of TIE team, CA chiefs, USAID Mission, MSH consultants)

- I. Up front
 - A. Introduction to the handbook: purpose, audience
 - B. How to use the handbook
 - 1. As a support and reminder for those who have gone through the TIE process and are applying it in new situations
 - 2. As a self-teaching tool for people newly involved in TIE
 - 3. As a guide for those who are responsible for teaching the process to colleagues
 - C. Glossary
- II. Background
 - A. The TIE experience: how this handbook came to be written
 - B. Key learnings about carrying out TIE
- III. Context
 - A. Definition of impact: our decision to focus on impact on performance and the reasons
 - B. TIE as action vs academic research (definitions, purposes, methods, level of rigor, etc.)
 - C. Ideal cycle: training linked to performance (visual model)
- IV. Principles of TIE
 - A. Practicality
 - B. Collaboration (trainers/clients) in conducting TIE
 - C. Skill building (as opposed to reliance on outside "experts")
 - D. Ownership (by those who conduct the evaluation)
- V. The Steps of the Process¹
 - A. Selecting the course
 - B. Defining tasks of trainees
 - C. Choosing indicators and setting standards based on desired behaviors
 - D. Developing instruments
 - E. Defining the sample
 - F. Field testing/revising instruments

¹ The explanations of the steps will be accompanied by tools to facilitate self-directed learning: learning objectives, worksheets, model instruments, questions/answers, examples from the experiences of the TIE team, and relevant readings.

- G. Collecting the data
 - H. Analyzing the findings
 - I. Interpreting the findings (training issues vs. program issues)
 - J. Reporting
 - K. Proposing changes
 - L. Implementing changes
 - 1. Changes in organizational policy, systems, procedures, etc
 - 2. Changes in training content, selection of trainees, methods/techniques
- VI. Reviewing and revising training courses
- A. Using the 7 steps of planning
 - B. Applying learning styles and the learning cycle
 - C. Choosing and using varied and appropriate training techniques
 - D. Training tips
- VII. Evaluation form (for feedback from users)

ANNEX F

OBJECTIVES OF TIE WORKSHOP

At the end of the workshop, participants will:

1. Be able to carry out all the phases of the TIE process without outside assistance.
2. Have used learnings from field visits to strengthen skills in developing indicators and instruments and analyzing and interpreting findings.
3. Have identified supporting mechanisms and procedures for continued exchanges of information and feedback between training institutions and users of training.
4. Have agreed on the content and sequence of a TIE handbook.

AND ABOVE ALL...

5. Have generated excitement about TIE and made a commitment and plan to carry it forward.

ANNEX G

SUMMARY OF TIE WORKSHOP EVALUATION RESPONSES

1. *How confident are you that, with your TIE colleagues, you can carry out the steps of the TIE process?*

All 21 participants expressed their confidence to varying degrees:

- "quite confident," "enough confidence" "confident" (7)
- "very confident," "fully confident" "80% confident," "90% confident," "100% confident," "I can do it" (8)
- "time-consuming, high cost involvement" (1)

Five participants reiterated collaboration with TIE colleagues as a condition of their confidence by specifying: "with my other colleagues," "in collaboration with TIE members," "in a team of course," "only with peer group support"

2. *How likely do you think TIE is to improve the responsiveness of training to field needs?*

- "very likely," "it will definitely improve," "greatly," "essential role," "can improve responsiveness in major areas" (10)
- "60-80% confident," "50% confident," "I feel I will get 80% response" (4)
- "will help review/improve curriculum" (2)

Five participants qualified their confidence by specifying the need for coordination with such phrases as: "if there is strong coordination between program and training," "also depends on support of the management so program and training go the same way," "depends on practical coordination of training and program people," "provided appropriate linkages exist between program and training to ascertain actual need"

3. *What role will you personally play in continuing the TIE process?*

- "active" (6)
- "supportive role only,...serious time constraints" (1)
- "if authority permits," "depends on our organization," "depends on my workload and my boss/supervisor" (3)
- "nothing to do personally -- group activity" (1)

Ten participants specified their roles: "to practice, involve POs and others," "as a leader," "coordinator to all CAs and NGOs in the TIE process," "continue to provide feedback to training people," "self-involvement and involvement of other professional colleagues," "help develop training courses," "coordinate between program and

training institutions”

4. *What do you consider the most and least successful features of the TIE technical assistance activities?*

(Although this question was intended to refer to the entire TIE scope of work, the majority of participants answered it in reference to the final workshop.)

Most successful

Developing data-collection tools (5)
Tasks/indicators/standards (4)
Learning cycle in curriculum development (3)
Linkages between program and training (2)
Analysis of data (2)
Performance analysis/needs assessment (2)
Role play between program and training officers
Preparation for chiefs' meeting
Future publication of TIE handbook
CA heads not participating in workshops
The whole process

Least successful

Analyzing/interpreting data (5)
Writing reports (3)
Setting indicators (3)
How to maintain continuity of TIE
Language barrier not overcome

ANNEX H CONTENT OF TIE DEBRIEFING MEETING

Welcome newcomers

Objectives

To bring to closure our (MSH consultants') in-country involvement in the TIE process by

- Informing you of what we (entire group) have done during this 15-month TA
- Sharing the findings and learnings that have emerged from our work together
- Conveying the excitement and energy with which the TIE team has tackled the task
- Presenting to you the recommendations of the team for continuing the TIE process
- Hopefully, gaining your support for carrying out these recommendations.

Agenda

Background

1. The team

- How constituted, breakdown among organizations and between training and program staff.
- Personal/interpersonal qualities

2. Goal of TA in TIE: To strengthen the capacity of the CAs' and CWWP's training staff to conduct systematic impact evaluation, and to use the results to continuously refine the effectiveness of training.

3. TIE indicators: the desired outcomes that have guided the design of TA activities.

4. Definition of impact

In first CAs' meeting November 1993, we agreed to focus on impact of training on behavior and performance, with assumption that satisfactory performance leads to stronger programs and, ultimately, to demographic impact. (FC: last column of Scholl's Stages.)

Factors that influenced this work

1. Diverse understanding of purpose of TIE

Different expectations among CAs/NGOs and between training and program institutions and staff about what the TIE process would yield.

2. Organizational/political dimensions of interpreting TIE findings

TIE goes beyond technical/evaluative skills and involves broader organizational issues and concerns. Example: Some people hoped TIE findings would prove that training is effective, others expected findings to show the opposite.

3. Desire for the perfect tool -- the "magic bullet"

We have had to persist in reminding people at all levels that there is no perfect and unbiased tool that will reveal once and for all the true impact of training.

4. Disconnect between training programs and field needs

Ideal process for developing/revising training programs is a continuous "recycling": field needs communicated to trainers, who respond to these needs with relevant training content and processes. We found that this kind of communication happens only sporadically between trainers and program staff. Example: refresher courses are usually designed without input from the field about deficiencies in staff performance.

5. Acknowledging the tensions

Underlying tensions that won't disappear:

certainty vs ambiguity
rigor vs practicality
"slow and thorough" vs "quick and dirty."

Group presentations

1. Point out where they are on process FC; briefly how they got there
2. What they plan to do next to complete 1 round or undertake another.
3. What they have learned along the way

Learnings

1. Working in Bangla

Learning is easier in one's first language. As we "let go" and encouraged more and more discussion in Bangla, group chemistry changed, level of participation increased markedly, and participants were obviously far more able to grasp and apply complex ideas.

2. Negotiated agreements

- Need for negotiated agreement between program and training officers to:
 - articulate expectations of a training event
 - clarify what training can and cannot do to improve performance
 - enable the training institution to provide the best possible training
 - provide a basis for future evaluation of training impact.
- Role play

3. Improving training quality

To keep spark and freshness in training, reduce stale, "canned" courses, trainers must have ways to periodically:

- be exposed to new concepts, ideas, techniques, materials
- work in an atmosphere that supports them in experimenting and practicing new approaches.

Hence, TOT. *Nasrul Islam*: Highlights (planning sequence, learning styles/learning cycle, method for processing activities, chance to try new activities).

4. Collaboration

Working together intensively over time has created in this team a sense of a common purpose and has established a body of competence and pool of intellectual resources that reaches across organizations and job classifications.

Recommendations

Summary, *Naima Sahar Sadiq*: 5 strategies identified by TIE team (inter-organizational coordination, intra-organizational coordination, professional development, sanctions, implementation). Action plans developed for first 3; sanctions of organization chiefs to be sought for these action plans (beginning with debriefing meeting); then implementation will take place.

Our recommendations

1. That the TIE team's recommendations be given careful consideration and support
2. That opportunities be created for trainers' continuing professional development.

Questions and answers

ANNEX I

STRATEGIES AND ACTIVITIES RECOMMENDED BY TIE TEAM

Action Plan for Professional Development

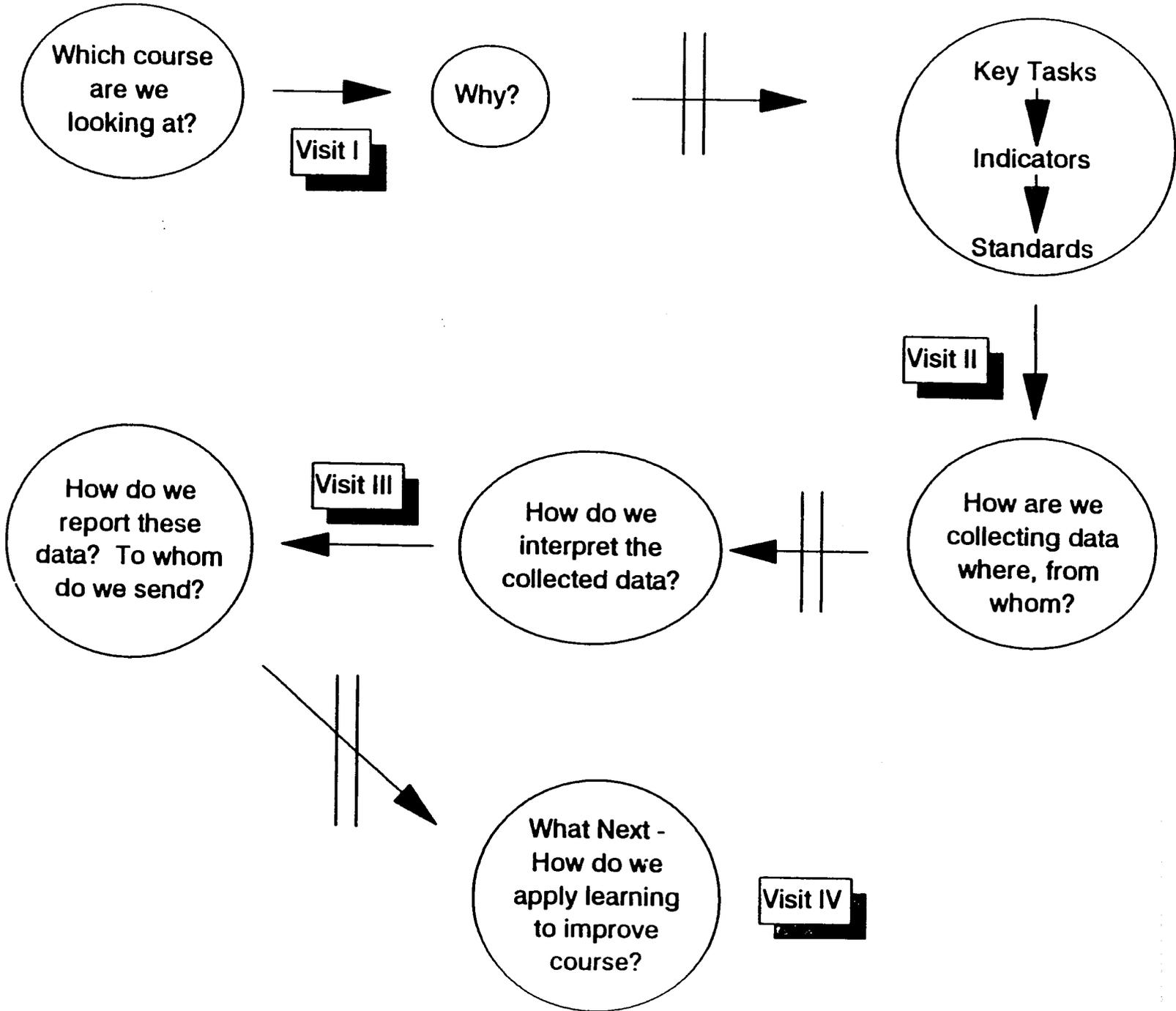
WHAT	WHO	WHEN
1. Debriefing on TIE process	All POs and TOs of CAs/NGOs	Mid-February 1995 (half day)
2. Training on TIE	Selected POs and TOs of CAs/NGOs	June 1995 (3 days)
3. Advanced training on TIE	Core TIE team members	September 1995
4. TA from MSH consultants	TIE team members	In 1-3 years

Action Plan for Intra-Organization Coordination

WHAT	WHO	WHEN
1. Meeting between program and training staffs (Topics: field situation TIE Action Plan Feedback from field)	Training chief	Monthly (1st-7th)
2. Meeting between Training chief and Program chief	Training chief	Monthly
3. Field visits (2)	2 TOs and PO	By October 1995
4. Observation: 1 session by 1 PO per training session	1 PO	By June 1995
5. Joint revision by TO and PO of at least 1 curriculum	TO and PO designated by chief	By December 1995
6. Workshop between TOs and POs	Jointly: Training chief and Program chief	By December 1995

Action Plan for Inter-Organization Coordination

ACTIVITY	PERSON RESPONSIBLE	TIME	WHERE
<p>1. Re-activate the Training sub-committee: call a meeting to include all CAs and CWFPP, CMT (GTZ & NIPORT in mind)</p> <p>Agenda:</p> <ul style="list-style-type: none"> - Membership - Co-opting new members - Briefing on recent TIE follow-up action - Activity plan for the next 6 months (to include a TIE forum) - Prepare a report for NGOCC 	Anwarul Islam	February 1995	FPSTC
2. Report to NGOCC	Anwarul Islam	After the meeting	As and when meeting held
			?



THE SCHEDULE

ANNEX J

ANNEX K

BOOKS AND TRAINING MATERIALS GIVEN TO CAS/NGOs

- 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*
- Women's Research Centre, Vancouver, Canada: *Research for Change*
- Margolis, Frederic and Bell, Chip: *Instructing for Results*
Understanding Training: Perspectives and Practices

ANNEX L
**TRAINING IMPACT EVALUATION OF THE FAMILY PLANNING CLINICAL
SERVICES REFRESHER COURSE FOR THE PARAMEDICS**

DRAFT REPORT

**Training Impact Evaluation of the
Family Planning Clinical Services Refresher Course
for the Paramedics**

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Dr. Seerat Nasir, CMT Program

Clinical and Management Training Program
AVSC International, Bangladesh Country Office

January, 1995

Acknowledgments

The authors graciously acknowledges the contribution of Dr. A. J. Faisal of AVSC International, Bangladesh Country Office for his involvement in every stage of this Training Impact Evaluation exercise. We also acknowledge the contribution of all the Clinical Master Trainers who contributed in the development of the tool and collection of data, specially we need to mention the efforts of the Project Coordinator Dr. Shahidullah and trainers Dr. Sabina Khondoker, Dr. Samina Chowdhury, Dr. Rubina Yasmin and Dr. Fawzia Haque. Finally we should thank Mr. James L. Griffin, Senior Staff Associate (Training), AVSC International, Asia Regional Office for his guidance in the process.

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S u m m a r y

The purpose of this training impact evaluation (TIE) was to evaluate the refresher training program (Family Planning Clinical Services Course) for the paramedics offering clinical services at the NGO clinics. This training program has been organized by the Clinical and Management Training Program of AVSC International, Bangladesh Country Program since 1991. The specific objectives of the training program were to determine to what extent the participants were able to retain the knowledge what they had learned; to assess whether the participants are applying their acquired skills in providing the services; and to survey the appropriateness of the training module. Information for the evaluation was collected by means of a structured interview questionnaire which also includes a observation check list administered to approximately 10 percent participants.

The evaluation identified the participant's needs. Some of the needs should be addressed in the training course and supportive supervision will help in meeting some of their needs.

The evaluation findings show that the paramedics have been maintaining standard but there are scopes for improvement in updating knowledge of the participants. Based on these results, the report offers a series of recommendations for the evaluation and the proposes changes in the training program.

Background

The Clinical and Management Training Program (CMTP) is managed by the Bangladesh Country Office of AVSC International. This program has been offering refresher training course for the NGO paramedics on IUD, Injectable and family planning Counseling since the end of 1991. Up to December 1994, 231 paramedics have been trained in this course.

The NGO paramedics have basic training as auxiliary staff for health care or family planning services and have been working for a long time in these organizations. There was no opportunity for refresher training on family planning clinical services for these paramedics. The goals of this training program were to update knowledge and skills of the paramedics on IUD, Injectable and family planning counseling with a view to improve the clinical quality of the family planning services.

In order to improve the clinical quality of the services, the CMTP also organizes refresher training for the clinic managers. The main focus of the manager's training is the 'managing for the quality' and the duration of the course is five days. The paramedics when they come for the training first join with the managers in the third day of the managers' training. So, the managers and the paramedics have joint sessions for three days. At the end of five days the managers go and the paramedics continue for another eighteen days. The paramedics training has the didactic part, practice on dummy, demonstration and the practical sessions that focus on the update knowledge and skills linked to their specific clinical roles.

The objectives of the training program are to:

1. update knowledge of the participants in family planning methods;
2. update clinical skills in IUD, Injectable services;
3. update on family planning counseling and develop skills on interpersonal communication;

At the end of the training program it is expected that the participants will be able to improve the clinical services at their respective clinics.

Purpose of the impact evaluation:

AVSC International Bangladesh Country Office is determined ensuring that the training events, which are directly organized or support, address the needs of the participants; meets the demand of the program which ultimately lead to improved the service provision. AVSC International Bangladesh Country Office and CMTP determined to follow up the participants who have completed their training at least six months ago on sample basis. This activity was planned with the training program as 'trainee follow-up activity' and the follow-up instrument was ready for information collection. Office of Population and Health, USAID Mission in Bangladesh receive request from the CAs and national NGOs to provide technical assistance (TA) on training impact evaluation. Management Sciences for Health (MSH) has been providing TA on this and about to complete. According to their suggestions the follow-up tools were little modified. Now the tools aim to evaluate the impact of the training. CMTP consider this evaluation is a continuous process and will be exercising on an periodical basis.

The objectives of the evaluation exercise are :

1. to assess the trainees knowledge about the family planning methods and their management;
2. to assess the skills in IUD and injectable services;
3. to evaluate the relevancy of the training to the participants need; and
4. to find out additional needs of the participants that might require modification of the training modalities.

As a result of this exercise, AVSC International Bangladesh Country Office expected to be able to:

1. identify needs for further training to trainees, so as to be able to provide improved services;
2. identify needs for modifying the training curriculum;
3. help the supervisors of the other organizations in identifying the weaknesses of the clinical services.

Methods

The Clinical Master Trainers (CMTs) of the project collected the information between September and December 1994. For the purpose of this evaluation 32 participants, which is approximately 10 percent, were followed up by questionnaire (Annex 1). According to the evaluation protocol the follow-up of the paramedics should be done who have completed the training at least six months ago. It is necessary to mention here that these 32 participants have completed their training before December 1993, which is 9-12 months before the evaluation.

The selection of the participants for the follow-up was based on two criteria. The criteria were that: 1) about 50 percent were selected from the participants who completed their training before December 1993 on random basis, 2) rest 50 percent were selected who are working in the nearby districts of Dhaka. The second criterium was adapted due to time and resource constraints. However, in the subsequent evaluations the participants will be selected on random basis.

The project CMTs administered the questionnaire in separate visits to the clinics. The tool for the evaluation contains the interview questionnaire, observation of the clinical procedure as well as review of the records. So, to evaluate one paramedic it took about three to four hours. The participants and their respective clinic managers were informed beforehand to ensure the presence of the participants and clients to observe the clinical procedures.

The questionnaire contained six sections; one section represents one major task of the paramedic. Three sections deal with the interviewing the participants, two for observation of the clinical procedures and one for record review. In some sections there are more one indicators.

The questionnaire contained items to:

1. know whether the paramedics use 'GATHER' approach appropriately during counseling;
2. see frequency of use of IEC materials during counseling;
3. assess knowledge about absolute contraindications for IUD;
4. assess the knowledge regarding management of side effects like side effects of oral pills, advises for missing pills and the contraindications (precautions) of injectable;
5. evaluate the clinical service provision of the clinic;

6. observe the participants for the maintaining asepsis;
7. see whether minimum records that are available at the service delivery centers.

AVSC International Bangladesh Country Office and the CMTF tabulated the questionnaires and analyzed the results. For the purpose of guiding the on going training program, information from the questionnaire were supplemented by other information from the training MIS and discussion with the participants and the clinic managers.

Results

Thirty two participants were interviewed and their clinical performance were observed except in section of counseling. According to the protocol of this evaluation, those clinics have the designated counsellor, counseling of those paramedics will not be observed. Because those paramedics usually do not do the counseling on regular basis. Sixteen clinics had designated counselor and counseling for the rest 16 paramedics were observed. So, in counseling section the respondents were 16.

Participant's Background

Among thirty two participants 25 of them had completed Secondary School Certificate, 5 of them completed Higher Secondary School Certificate and 2 participants were graduates. By profession 31 participants had some sort of basic training, but one had no formal basic training Table-1 shows the background of the participants. The paramedics had a wide range of experience ranging from 2.5 years to 23 years, and average experience was 11.5 years.

Table-1: Background of the Participants

F. W. V.	12
Paramedic	06
Clinical Assistant	02
Diploma in Nursing	11
Others	01

Counseling and Use of IEC Materials

Counseling:

Six out of 16 participants used the 'GATHER' approach appropriately. Ten participants skipped one or more steps of the approach (Table-2). During observation it was also found that the paramedics who failed to do all the steps, those paramedics were very busy due to workload and they did not have enough time to spend for counseling.

Table-2: Use of 'GATHER' Approach During Counseling

(N=16)	Number	(%)
Done correctly	6	37.5
Done incorrectly	10	62.5

When step wise analysis was done, tell about services (T), explaining (E) and return for follow-up (R) steps were least followed by the participants. Highest response was for asking the need (A) of the client, followed by greet clients (G) and Help (H) the client in decision making (Table-3).

Table-3: Steps of Counseling Followed

Steps of Counseling (N=16)	Number (%)
Greet clients	13 (81.3)
Ask needs	14 (87.5)
Tell about services	11 (68.8)
Help	12 (75.0)
Explain	11 (68.8)
Return for follow-up	11 (68.8)

Use of IEC materials during counseling:

The IEC materials includes the models, charts and contraceptive samples. Out of sixteen participants 10 paramedics used those materials (Table-4). It was found that all the 16 clinics had some IEC materials that could be used in the counseling session. The paramedics, who did not use the IEC materials, said that they did not use IEC materials because of time constraints.

Table-4: Use of IEC Materials

Variable (N=16)	Number	(%)
Used	10	62.50
Did not use	6	37.50

Client Screening:

Eleven paramedics could tell all the four contraindications for IUD. Suspected pregnancy as a contraindication was mentioned by 23 participants, which is lowest. The highest response was cervical ulcer or bleeds on touch and was mentioned by 27 participants.

Table-5: Contraindications of IUD

Contraindications of IUD (N=32)	Number	(%)
Pregnancy	25	78.1
Suspected pregnancy	23	71.9
Cervical ulcer or bleeds on touch	27	84.4
Acute and/or chronic PID	25	78.1

From the training MIS, average pre-test score was 53 percent and average post-test score was 83 percent. The post test score was quite acceptable. Though the knowledge of the paramedics were increased by 30% after the training but during evaluation it was found that knowledge about contraindications of IUD was retained by 34.5% of participants. It shows that the paramedics need a system for continuous education/information as well as close supervision by the medical personnel.

Management of Side-Effects:

Regarding the of side effects of oral pill, lowest response (7 participants) was on mental depression and headache was mentioned by 30 participants. There were 10 possible side-effects. Probably it was difficult to mention all ten by the participants. Less than 50% participants could tell the two important side effects of pill like missed period and intermenstrual bleeding (Table-6).



Table-6: Major Side-effects of Pills

Major side effects of pills (N=32)	Number	(%)
Missed period	15	46.9
Scanty bleeding	23	71.9
Spotting	27	84.4
Intermenstrual bleeding	15	46.9
Nausea & vomiting	28	87.5
Headache	30	93.8
Increased breast tenderness	12	37.5
Weight gain	19	59.4
Mental depression	7	21.9
Acne	14	43.8

The second indicator on side effect was on the advises for missing pills. It is found that all the 32 paramedics could tell the right advise for 1 missing pill (Table-7), 30 participants could tell for 3 missing pills in a row. Only 11 participants could tell the advise for the 2 missing pills in a row.

Table-7: Advises on Missing Pills

Advises on missing pills (N=32)	Number	(%)
If you miss one pill, take that pill as soon as you remember it. Take your next pill at the regular time.	32	100
If you miss two pills in a row, then take two pills as soon as you remember and take two pills in the next day. Then continue your regular schedule. Use a back-up method for 7 days after two missed pills.	11	34.4
If you miss three pills in a row, you will probably begin your period. Throw away your rest of the pack and start a new pack. Use a back-up method until you have been back on pills for 7 days.	30	93.8

The contraindications (precautions) of injectable was the third indicator for the management of complications. The lowest correct response was 19 in case of uncontrolled diabetes and the highest response was 28 in case of jaundice. Table-8 shows the correct responses of seven contraindication (precautions) of Injectable.

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Table-8: Contraindications (precautions) of Injectable

Contraindications (precautions) of Injectable (N=32)	Number	(%)
No living child	21	65.6
Pregnancy	27	84.3
Suspected pregnancy	21	65.6
Unexplained abnormal vaginal bleeding	21	65.6
Jaundice	28	87.5
Uncontrolled diabetes	19	59.4
Mass in the breast	20	62.5

In major complications of IUD, the lowest response was 18 in partial expulsion of IUD. Severe abdominal pain and missing thread were the highest response (25). Table-9 shows the responses made by the participants.

Table-9: Major Complications of IUD

Major Complications of IUD (N=32)	Number	(%)
Partial expulsion of IUD	18	56.3
Expulsion of IUD	23	71.9
Perforation of uterus	21	65.6
PID	19	59.4
Heavy bleeding	31	96.9
Severe abdominal pain	25	78.1
Missing thread	25	78.1
Pregnancy (uterine & ectopic)	20	62.5

Clinical Services:

There were two indicators to evaluate the clinical service provision of the clinic. The first indicator looked whether IUD insertions are being done in an acceptable way. Table-10 shows the result of the observation. Almost all the 16 steps were followed by the service providers. In some of the steps either the procedure was not done or there was gross mistake; those steps had been considered as 'not acceptable'. According to the findings most of the paramedics had been inserting IUD in an acceptable way.

Table-10: Observation on IUD Insertion Technique

Activities	Acceptable (%)	Not acceptable (%)
Swabbing of vulva	30 (93.7)	2 (6.3)
Speculum examination	31 (96.9)	1 (3.1)
Looking inside the vagina	31 (96.9)	1 (3.1)
Putting on gloves	23 (100)	0 (0.0)
Putting two fingers inside the vagina	32 (100)	0 (0.0)
Put the other hand over the abdomen	31 (96.9)	1 (3.1)
Simultaneous working of two hands	30 (93.7)	2 (6.3)
Describe the findings of PV exam.	27 (84.4)	5 (15.6)
Speculum insertion	32 (100)	0 (0.0)
Swabbing of cervix	29 (91.6)	3 (9.4)
Holding the cervix with the tenaculum	31 (96.9)	1 (3.1)
Sounding of uterus	32 (100)	0 (0.0)
Loading IUD by non touch technique	32 (100)	0 (0.0)
IUD insertion	32 (100)	0 (0.0)
Cutting of thread	31 (96.9)	1 (3.1)
Post insertion counseling	26 (81.2)	6 (18.8)

The second indicator also looked at whether Injection pushing done in an acceptable way. Table 11 shows the result of the observation on Injection push. All the steps were followed by the service providers; but in some of the steps the procedure was not up to the standard, those were marked as not acceptable. According to the findings most of the paramedics have been pushing injection in an acceptable way.

Table-11: Observation of Injection Push

	Acceptable (%)	Not acceptable (%)
Fitting the needle with the syringe in non-touch technique	32 (100)	0 (0.0)
Drawing of the contraceptive into the syringe	32 (100)	0 (0.0)
Site selection (upper and outer quadrant of deltoid or Gluteus Maximus)	32 (100)	0 (0.0)
Cleaning/disinfecting the injection site correctly	32 (100)	0 (0.0)
Pushing the needle into the muscle site at 90 degree angle	32 (100)	0 (0.0)
Withdrawing the piston to see blood comes out or not	32 (100)	0 (0.0)
Pushing the contraceptive	32 (100)	0 (0.0)
Withdrawal of the syringe with needle from the site	32 (100)	0 (0.0)
Ensure client does not massage the site of injection	25 (78.1)	7 (21.9)

Maintaining Asepsis:

There were 8 indicators to observe the participants for the maintaining asepsis. Unlike other sections all the indicators here had one observation, so all the 8 indicators have been tabulated in Table-12. Boiling of instrument tray and disposal of used gauze and cotton were least done (16) by the participants.

Table-12: Maintaining Asepsis

INDICATOR #	YES (%)	NO (%)
The instruments were cleaned with soap and clean water?	30 (93.8)	2 (6.3)
The instruments were completely submerged in water while boiling?	29 (90.6)	3 (9.4)
The instruments were boiled for 20 minutes after reaching boiling point?	29 (90.6)	3 (9.4)
Boiling of instrument tray done?	16 (50.0)	16 (50.0)
The lifter and the lifter jar are being boiled (HLD)?	21 (65.6)	10 (31.3)
The instruments after HLD are stored properly?	18 (56.2)	14 (43.8)
Disposal of used gauze & cotton done properly?	15 (46.9)	17 (53.1)
Disposal of used syringes and needles done properly?	27 (84.4)	5 (15.6)

Record Keeping:

This indicator was set to see whether minimum records are available at the service delivery point. In some clinics some records are incomplete moreover in some clinics some important records are not available.

Table-13: Records at the Service Site

Name of the Records	Available & complete	Available but incomplete	Not available
IUD Insertion Records	24 (75.0)	5 (15.6)	3 (9.4)
IUD Removal Records	26 (81.3)	2 (6.3)	4 (12.5)
IUD Complication Records	22 (68.8)	4 (12.5)	6 (18.8)
IUD Follow-up Records	23 (71.9)	5 (15.6)	4 (12.5)
Injection pushing Records	25 (78.1)	4 (12.5)	3 (9.4)
Inj. Complication Records	21 (65.6)	10 (31.2)	1 (3.1)
Inj. Follow-up Records	24 (75.0)	3 (9.4)	5 (15.6)

Discussion

Training is a function that helps in closing the gap between actual and desired performances. External circumstances, the confounding factors, like working environment, team cooperation, supplies etc., influences the service out-come. These cause difficulties in measuring the training effect on service. For this reason it is always difficult to measure the training impact than the result. Even though several important findings came out of this impact evaluation.

The major aim of this evaluation was to determine whether the participants were applying what they had learned during the training program and whether the training program had influenced their service delivery style. The major limitation of this evaluation is that there was no base line information about the service statistics. So, the evaluation result will not be able to measure the change caused by the training. The evaluation indeed, will be able to say whether the present services are acceptable or not and areas of improvement.

The evaluation succeeded in identifying the participant's needs and some specific activities that will improve the quality of clinical services. Some of the participant's need should be addressed in the training course. Close and supportive supervision is also necessary to meet some of their needs.

The evaluation findings show that the paramedics have been maintaining standard service delivery in IUD insertion, Injection push and maintaining asepsis. There are some short coming in the knowledge part. The records are maintained well in the clinics but there are scopes for improvement.

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During observation of counseling it was found that some the paramedics did not follow all the steps of 'GATHER' approach. According to the paramedics, many clients come to the clinic with request for a particular method or service i.e some want injection, someone pill. Moreover, many clients are familiar with the service providers and has been coming to the clinic for long time. This could be one reason for not following the every steps during counseling. Those who did not follow all the steps, it was observed that there were many clients waiting for the service and the paramedics were very busy. So, they did not have enough time to spend for counseling. Supportive supervision is also necessary for the practice of the GATHER approach in effective and appropriate way.

In spite of the availability of IEC materials some paramedics did not use those because they were busy. Other reasons could be the paramedics were not knowledgeable enough about the usefulness of the IEC materials in counseling and probably the attitude was not changed.

The paramedics have consistent knowledge about the contraindications of the different methods but were not sure about the management of the side effects. These needs to be addressed in the training course and during supervision. The services were as per standard. There were some individual short falls. This can be addressed during supervision.

Recommendations:

1. If an impact evaluation has to done for a training program some base line information is necessary to see the change.
2. The evaluation tool should be able to gather some qualitative data.
3. It should be done on a periodically basis; preferably not less than a year time.
4. Trainee follow-up can also be done with the regular supervision by the respective medical supervisors. In that case findings of the evaluation should be shared with the trainers.
5. Client flow analysis, as a part of strengthening service delivery, should be included in the training program.
6. The evaluation findings should be used by the trainers to modify the existing curriculum and training methodologies.

Annexure:

1. The evaluation questionnaire



CA-NGO PARAMEDIC TRAINING PROJECT

TRAINING IMPACT EVALUATION

FAMILY PLANNING CLINICAL SERVICES COURSE (REFRESHER)

GENERAL INSTRUCTIONS

Fill-up the questionnaire with soft 2B pencil. Do not use ink. Please write clearly. Make ticks in appropriate places. Do not forget to fill-up this section.

Name of the CMT :

Designation :

Organization :

Date :

ID NO :
(for official use)

Identification of Paramedic:

Name : _____

Position : _____

Organization : _____

Funded By : _____

Educational background : _____

Professional experience (in years) : _____

Training completed on : _____ (month) _____ (year)

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TASK A: COUNSELLING

INDICATOR # 1: Appropriately uses 'GATHER' approach during counseling.

Observe, whether the paramedic followed the GATHER approach while counseling the client.

(Code: Done correctly = 1, Done incorrectly = 2, *Not applicable = 3)

		1	2	3
[G]	Greets the client.			
[A]	Asks the client about themselves; their family, children.			
[T]	Tells the client about the available Family Planning methods.			
[H]	Helps the client to choose a method which is appropriate for her.			
[E]	Explains how to use the method that the client has chosen.			
[R]	Tells the client to return for follow-up.			

* Not applicable where there is an assigned counselor for counseling.

Comments: _____

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INDICATOR # 2: Use IEC materials, models and contraceptive samples during counselling.

Did she use any IEC materials i.e. flip charts and contraceptive samples while explaining the client about the methods?

Used []
Did not use []
Not Applicable* []

* Not applicable where there is an assigned counselor for counseling.

Comments: _____

TASK B: SCREENING

INDICATOR # 1: Knowledge about absolute contraindications for the IUD.

Please ask the trainee about the absolute contraindications of IUD and put tick against the specific response.

Contraindications of IUD		
01.	Pregnancy	
02.	Suspected pregnancy	
03.	Cervical ulcer or bleeds on touch	
04.	Acute and/or chronic PID	

Comments: _____

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TASK C: MANAGEMENT OF SIDE-EFFECTS

Please ask the trainee the following questions and put ticks against the specific response.

INDICATOR # 1: What are the side effects of oral pill ?

Major side effects of pills		
01.	Missed period	
02.	Scanty bleeding	
03.	Spotting	
04.	Intermenstrual bleeding	
05.	Nausea or vomiting	
06.	Headache	
07.	Increased breast tenderness	
08.	Wight gain	
09.	Mental depression	
10.	Acne	

INDICATOR # 2: What are your advises on missing pills?

advices on missing pills		
01.	If you miss one pill, take that pill as soon as you remember it. Take your next pill at the regular time.	
02.	If you miss two pills in a row, then take two pills as soon as you remember and take two pills in the next day. Then continue your regular schedule. Use a back-up method for 7 days after two missed pills.	
03.	If you miss three pills in a row, you will probably begin your period. Throw away your rest of the pack and start a new pack. Use a back-up method until you have been back on pills for 7 days.	



INDICATOR # 3: What are the contraindications (precautions) of injectable?

Contraindications (precautions) of injectable		
01.	No living child	
02.	Pregnancy	
03.	Suspected pregnancy	
04.	Unexplained abnormal vaginal bleeding	
05.	Jaundice	
06.	Uncontrolled diabetes	
07.	Mass in the breast	

INDICATOR # 4: What are the major complications of IUD ?

Major complications of IUD		
01.	Partial expulsion of IUD	
02.	Expulsion of IUD	
03.	Perforation of uterus	
04.	PID	
05.	Heavy bleeding	
06.	Severe abdominal pain	
07.	Missing thread	
08.	Pregnancy (uterine and ectopic)	

Comments: _____



TASK D: PROVIDE CLINICAL SERVICES

INDICATOR # 1: Does IUD insertion done as per standard technique ?

Observe the paramedic for the following steps of IUD and tick at appropriate place:

	Activities	Correct	In correct	Not done
01.	Swabbing of vulva			
02.	Speculum examination			
03.	Looking inside the vagina			
04.	Putting on gloves			
05.	Putting two fingers inside the vagina			
06.	Putting the other hand over the abdomen			
07.	Simultaneous working of two hands			
08.	Describe the findings of the PV examination			
09.	Speculum insertion			
10.	Swabbing of cervix			
11.	Holding the cervix with tenaculum			
12.	Sounding of uterus			
13.	Load IUD by non touch technique			
14.	IUD insertion			
15.	Cutting of thread			
16.	Post insertion counseling			

Comments: _____

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INDICATOR # 2: Does Injection pushing done as per standard technique ?

Observe the paramedic for the following steps of Injection and tick at appropriate place:

	Activities	Correct	In correct	Not done
01	Fitting the needle with the syringe in non-touch technique			
02	Drawing of the contraceptive in to the syringe			
03	Site selection (upper and outer quadrant of deltoid or gluteus maximus)			
04	Cleaning/disinfecting the injection site			
05	Pushing the needle into the muscle site at 90 degree angle			
06	Withdrawing the piston to see blood comes out or not			
07	Pushing the contraceptive			
08	Withdrawal of the syringe with needle from the site			
09	Ensure client does not massage the site of injection			

Comments: _____



Comments: _____

TASK F: RECORD KEEPING

INDICATOR # 1: The minimum records are available.

(Instruction : At least one record of IUD insertion, removal, follow-up, complication, Injection acceptor, Injection follow-up and complication should be checked for availability and completeness.)

(1 = available & complete, 2 = available but incomplete and 3 = Not available. Please tick the appropriate column.)

	Name of the Records	1	2	3
1.	IUD Insertion Records			
2.	IUD Removal Records			
3.	IUD Complication Records			
4.	IUD Follow-up Records			
5.	Injection pushing Records			
6.	Inj. Complication Records			
7.	Inj. Follow-up Records			

Comments: _____

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