

## **TRIP REPORT #P-300**

**Traveler:** Jasmeet Kaur, M.Sc., INTRAH/PRIME Consultant

**Country Visited:** India

**Dates of Trip:** March 13 - June 30, 1996

**Purpose of Trip:** To plan, coordinate and conduct a training needs assessment for the Uttar Pradesh Indian Medical Association clinical family planning training project.

### **EXECUTIVE SUMMARY**

The objectives of the current assignment were the planning, coordination and conduction of a training needs assessment (TNA) for the Uttar Pradesh (UP) Indian Medical Association (IMA) clinical family planning training project. The assignment was divided into 3 phases, i.e. preparation phase, implementation phase and analysis/reports-submission phase. A maximum of 45 workdays had been allocated for Ms. Kaur's services as Team Coordinator for the TNA with the understanding that she would participate in the first phase and whatever phase was reached by June 30, 1996.

The preparation phase has been completed with 8 assessment tools developed for different sample groups or areas of the TNA as well as a well-defined workplan for implementation of the TNA. Six sample groups or areas will be assessed in the TNA (private physicians, their clinics, potential clinical trainers, their clinics as potential training sites, IMA as an organization, and relevant curricula and training materials). Besides the INTRAH staff involved in the project, two consultants would need to be hired as the core team resource specialists, one each for the specific assessment of IMA's current institutional capacity-capability and the training methodologies, strategy and available curricula. In order to facilitate recruitment of these additional consultants, detailed assignment descriptions have also been drafted. An outline of number of personnel needed to do the actual data collection among the private physicians has also been developed and incorporated into the workplan document.

The process of shaping and preparing the TNA design has been inextricably linked with developments and continuous changes in the overall clinical training project. Though no official response has been received from the Society for Innovations in Family Planning Services Agency (SIFPSA) on the project proposal, IMA has now proposed a short-term strategy so as to get started on training some of its physician members in UP on the IUCD method. There has also been further work on determining a list of critical tasks, with specified time frames, which would be done by IMA under this project. Naturally, these developments have also had an impact on the scope and time schedule of the TNA wherein the TNA has not gone beyond the preparation phase at this point. IMA has been unable to

provide any inputs for the sample and site selection or personnel to participate in the TNA so far. Though it is clear to all that the TNA will provide baseline data for future evaluation of the project, it is not clear whether IMA sees the value of this TNA. It is key that the data and results yielded by the TNA be utilised to shape and refine the training strategy and methodologies, as well as develop essential training curricula/materials, especially for the quality assurance, quality of services, training-of-trainers methodologies and preceptor skills training aspects.

### **PURPOSES OF ASSIGNMENT**

The purposes of the assignment were to plan, coordinate and conduct a clinical family planning TNA for the UP IMA project and to assist in analyzing and reporting the assessment findings. This TNA is one of the first activities planned under the IMA clinical training project and its main objectives are: (i) gathering information for designing a training strategy and training materials which will be most effective in meeting the training needs of the IMA physician members; (ii) collecting baseline data for evaluation of the project at various intervals. Thus, it represents a key stage in ensuring that the project provides training which is appropriate, relevant and long-lasting in its impact.

However, it became apparent in the first 10 days of this assignment that its scope vis-à-vis the consultant's inputs and professional services would be limited to designing and planning the TNA workplan and framework and completing all the tasks under the preparatory phase. This is due to the delays in obtaining formal approval of the project as well as frequent shifts in the strategy to initiate the project by IMA and USAID and the TAs (see Interim Report dated April 19). At this point, indications are that the data collection/implementation stage will only begin around August 1996.

### **ACCOMPLISHMENTS**

All activities envisaged in the preparatory and planning phases of the TNA have been completed. They are enumerated below.

1. **Review of all listed references as well as additional materials** (*viz.* publications by SIFPSA and INTRAH).
2. **Development of a detailed workplan**, chief budget categories and outline of personnel requirements. Changes have also been incorporated in the workplan, *i.e.* shifting of 2-3 activities from the preparatory phase to the implementation phase of the TNA, as they require the leadership and active participation of IMA. These activities are: testing of the assessment instruments, selection of sample groups, and preparation of a detailed budget for the TNA.

The workplan has been circulated to all involved staff in INTRAH, IMA, USAID, AVSC and PCS. It is attached with this report as Appendix 1.

3. **Coordination meetings with IMA, USAID, INTRAH and AVSC** to discuss the TNA workplan and objectives. These meetings have also focused on the exact role and outcomes desired by AVSC and IMA in relation to the specific clinical FP methods (IUCD, ML and NSV). The need to gather information from physicians on their understanding or experience on NSV and ML by AVSC has changed from the initial agreement to do so; now, it seems that AVSC is confident of the training materials they have already developed on NSV and do not feel specific training-needs/materials related information needs to be collected, but rather only baseline information should be gathered. Thus, the focus seems to be shifting more toward IUCD, ML, quality of care and training-of-trainers assessments for the TNA plan.

Four to five meetings have also been held to review some of the assessment instruments that have been developed for the TNA. There has been telephonic contact with PCS staff in Delhi and written communication with PCS, USA. IMA and PCS have indicated that the interpersonal communication skills component of the project will be handled fully by PCS, and PCS will design and conduct any specific assessment they require to develop the training materials for this aspect. Some questions related to interpersonal communication skills and attitudes have been included in the instruments for the private physicians and potential trainers in order to develop materials for the train-the-trainers workshops and the data could be shared with PCS.

4. **Available family planning curricula and training materials** for IUCD, NSV, ML clinical methods, client-focused quality of care component, documentation systems and training methodologies **have been collected** from various sources. A listing of them is attached as Appendix 2. These will be assessed by the Curriculum and Materials Review Specialist once he/she is contracted in the implementation stage of the TNA. The specialist will need to also obtain additional manuals and materials on the train-the-trainer teaching methodologies, preceptor and clinical assessment skills and the Indian Consumer Protection Act in order to do a comprehensive materials review. The interpersonal communication skills component may be left out for the same reasons mentioned in point 3 above.
5. **Development of detailed draft terms of reference** (Assignment Descriptions) have been drawn up for the two additional core team members needed, *i.e.* a curriculum and materials review specialist and an institutional assessment consultant (see Appendix 3). Some potential suitable candidates/professionals have also been identified and their names included at the end of the assignment description. Also attached to the assignment descriptions are resource materials which will facilitate the development of the assessment tools the contracted specialists will need to draw up in order to do the assessment. These materials should be used in conjunction with the assessment criteria described on the sheet "Areas of focus for TNA" in the workplan (Appendix 1) under the titles "IMA" and "Materials."
6. **Development of TNA instruments.** A total of 8 assessment instruments have been developed for use. These have been shaped and adapted from available INTRAH (PAC IIB and PRIME) AVSC and IMA formats, protocols and checklists. There are

2 instruments for each of the following sample groups/focus areas: private physicians, their clinics, potential clinical trainers, and the training sites. These instruments have been reviewed by Dr. Rashmi Asif and Mr. Ashoke Shrestha, INTRAH/New Delhi staff, and their recommendations have been incorporated. These will also be dispatched to INTRAH/Chapel Hill, INTRAH/Nairobi, USAID, IMA and AVSC for review and feedback. As mentioned above, the criteria for developing tools for IMA institutional assessment and training materials review and additional resource materials are included in Appendices 1 and 3. The instruments for these 2 aspects should be developed by the specialists contracted for the assessments, in collaboration with INTRAH, as their inputs and expertise will be invaluable and will facilitate their ownership and clear focus of the assessment process. All 8 instruments are attached with this report.

7. **Technical inputs in development of "List of Critical Tasks" for IMA and short-term workplan** to train IMA doctors in IUCD insertion/removal through medical colleges. While awaiting SIFPSA's response to the UP IMA clinical training project, further deliberations to gain more clarity and set the groundwork for proper initiation of the project occurred among the participating organisations. These have resulted in two concrete outcomes: the list of critical tasks to be accomplished by IMA at distinct stages of the project; and a short term workplan to begin training of selected IMA physicians through the ongoing IUCD trainings in the public sector medical colleges. The proposed short-term workplan has implications of changes in the originally proposed strategy, and it is key that linkages are built and focus kept on the long-term implementation of the project. Ms. Kaur assisted with the defining process for both activities, and also emphasized the need to maintain links with the overall project proposal. Developing the critical steps of the TNA activity within the list of critical tasks was a primary area of input by Ms. Kaur. Efforts have been made to ensure the TNA is included as an essential, concurrent activity in the short-term workplan as well.

## **CONCLUSIONS AND RECOMMENDATIONS**

1. As of date, Ms. Kaur's participation in the project has been only in the preparatory phase of the TNA (as against the original proposition of coordinating the data collection phase and maybe also the final, analysis stage) and she has spent 20 workdays (out of the maximum allotment of 45 days) on the assignment. She has completed all activities under this first phase and the 3 main outputs are attached with this report, viz. detailed workplan for the TNA for the design and methodology of the TNA; assignment descriptions for the additional core team members; and the chief assessment tools to be used for data collection.
2. Ms. Kaur has reported on a regular basis to Mr. Shrestha, and later Dr. Asif, and both are aware of the objectives and outcomes of the TNA. Both have provided valuable feedback and encouragement during her work. INTRAH's commitment to doing a TNA and utilizing the findings is high and will strengthen their advocacy of this activity to all concerned.

3. The process of designing and preparing for the TNA has been challenging, ever-evolving and sometimes stressful during the past 3 months. The clear brief given to Ms. Kaur and her expectations of providing significant inputs have been diluted by changing directions and an urgency to directly initiate training activities. Thus, the value of a TNA in shaping the effectiveness of the subsequent training strategy and training materials so that they are responsive to the actual needs of the private physicians in UP may need to be emphasized and believed in by all participating organisations if this activity is to yield a quality training project.
4. It needs to be emphasized that the findings of the TNA need to result in two basic outcomes: (i) using them to re-shape, clarify and further develop the training strategy and training materials for all aspects of the project; (ii) establishing baseline data for various aspects of the project (knowledge and skills of physicians to be included, IMA's capacity and capability, current practices for providing quality of care, *etc.*) so as to enable monitoring and evaluation of the project throughout its life.

In meetings, there has been a tendency to over-emphasise the technical training of each clinical method (IUD, ML, NSV) and the materials needed to do that, while the other, equally important aspects (which are stated in the project's objectives) of training clinical trainers in participatory teaching methodologies and preceptor skills, building the physicians' attitudes toward improving their quality of services, client handling and overall clinic management are not being kept in focus. There is a strong need to develop training materials for these non-technical/medical aspects as well, if the original project proposal is to be followed. It is recommended that participation by an experienced trainer (or trainer-of-trainers) be sought during all stages and discussions of the TNA and usage of the results to strengthen the training activities of the project.

5. The objectives and methodology of the original project proposal are innovative and promising, though some gaps and sequencing weaknesses need to be worked through. The consequent emergence of a short-term strategy to get the project started has added to the management complexities. Implementing the short-term strategy, a concurrent TNA and the systematic large-scale training project will require strong coordination skills of all partners; this project's success will depend heavily on clarity of focus and constant coordination activities. Therefore, these initial strategies must be conceptually linked to and merged with the larger project in the planning stage, before they are started. A long-term focus and macro-perspective for imparting the training at different levels (training-of-trainers, method-specific training, quality of care and interpersonal communication inputs, resource people/trainers) should be defined and discussed by the project partners before embarking on the specific activities.