intrah

Trip Report

0-153

Travelers: Lynn Knauff, Deputy Director
Marcia Angle, Research Assistant in Evaluation

Country Visited: SRI LANKA

Date of Trip: November 9-16, 1985

Purpose: Technical Assistance in Preparation for December 1985/January 1986 FPASL Training Activities and in Development of an Evaluation Design for INTRAH-Sponsored FPASL Activities

Program for International Training in Health
208 North Columbia Street
The University of North Carolina
Chapel Hill, North Carolina 27514 USA

This trip report is divided into two parts: Part I, submitted by Lynn Knauff reports on activities conducted primarily with FPASL's Field Operations Unit; Part II, submitted by Marcia Angle, reports on activities conducted with FPASL's Evaluation and Medical Services Units.

TABLE OF CONTENTS

PART I
Submitted by Lynn Knauff
Deputy Director

EXECUTIVE SUMMARY. i
SCHEDULE. ii
I. PURPOSES OF THE VISIT. 1
II. ACCOMPLISHMENTS. 1
III. BACKGROUND. 2
IV. ACTIVITIES. 3
A. Family Planning Association of Sri Lanka. .3
B. Family Health Bureau, MOH. 5
C. USAID. 6
V. RECOMMENDATIONS. 6

APPENDICES
A. PERSONS/CONTACTED MET
B. DUTIES OF THE VOLUNTEERS
C. VILLAGE VOLUNTEER TASK ANALYSIS

PART II
Submitted by Marcia Angle
Research Assistant in Evaluation

EXECUTIVE SUMMARY. i
SCHEDULE. ii
I. PURPOSE OF TRIP. 1
II. ACCOMPLISHMENTS. 2
III. BACKGROUND INFORMATION. 2
IV. DESCRIPTION OF ACTIVITIES. 3
A. Changes in the Evaluation Plan. 3
B. Computer Needs Assessment. 7
V. FINDINGS. 9
VI. RECOMMENDATIONS. 9

TABLE 1 Number and Types of Forms to be Collected on Randomly Sampled Volunteers
TABLE 2 Number and Types of Forms to be Collected in Experimental and Control Villages
TABLE 3 Variables on Which to Match Experimental and Control Villages
TABLE 4 Timetable for the Evaluation Unit of FPASL

SRI LANKA

TRIP REPORT

PART I

Submitted by:
Lynn Knauff
Deputy Director
INTRAH

EXECUTIVE SUMMARY

Lynn Knauff, Deputy Director of INTRAH, visited Sri Lanka from November 9 - 16, 1985 to prepare for three staff development workshops to be held in December 1985 and January 1986 for the Family Planning Association of Sri Lanka's Field Operations staff.

A task analysis for village volunteers was prepared, the eligible couples' baseline survey form was revised, the training venue was visited, and an annual district convention for volunteers was attended.

A briefing and informal debriefing were held with Ms. Oldwine of USAID.

A visit was made to Dr. Vidyasagara, Maternal/Child Health Chief of the Family Health Bureau.

SCHEDULE DURING VISIT

Saturday November 9:	- Arrived Sri Lanka at 8:30 p.m. from Bombay.
Sunday November 10:	- Traveled to Kandy.
Monday November 11:	- Attended annual volunteer convention in Kandy.
	- Returned to Colombo.
Tuesday November 12:	- Briefed at USAID.
	- Attended meetings at Family Planning Association of Sri Lanka.
Wednesday November 13:	- Wrote volunteer task analysis at FPASL with Mr. Dissanayake.
Thursday November 14:	- Wrote volunteer task analysis at FPASL with Mr. Dissanayake.
	- Traveled to FPASL training centre near Negombo.
Friday November 15:	- Wrote volunteer task analysis at FPASL with Mr. Benedict.
	- Attended meeting with Dr. Vidyasagara at Family Health Bureau.
Saturday November 16:	- Departed for Kathmandu at 2:30 p.m.

I. PURPOSES OF THE VISIT

The purposes of this visit were: 1) to finalize preparations for the INTRAH-assisted workshops to be held in December 1985 and January 1986; and, 2) to modify and finalize the evaluation plan. This section of the report documents activities conducted in support of achieving purpose (1).

II. ACCOMPLISHMENTS

A. A task analysis for the village volunteer was prepared (see Appendix C) in preparation for the two workshops which will be conducted in December 1985, as follows:

COMPONENTS	DATES	PARTICIPANTS: # and Category	TRAINERS/CONSULTANTS AND CO-TRAINERS	COMMENTS
Identification of Training Needs: Initial Refresher Training (FPASL Training Centre: Negombo)	December 7-8, 1985	15: 7 HQ Field Operation Officers 5 District Project Officers (DPO's) 3 Volunteer Leaders	1 INTRAH: Tom Leonhardt	Task analysis of the village volunteer will have been completed by start of the workshop.
Curriculum Development Workshop (FPASL Training Centre: Negombo)	December 9-16, 1985	14: 7 HQ Field Operation Officers 5 DPO's 1 HQ Asst. Evaluation Officer 1 HQ or District Medical Advisor	1 INTRAH: Tom Leonhardt	2 curricula will be developed: 1 for initial and 1 for refresher training.

B. The questions on the baseline survey conducted by village volunteers were reviewed. As a result, questions that are no longer relevant -- because the answers are no longer important -- were deleted, thereby shortening the length of the questionnaire.

C. A briefing and a de-briefing were held with Ms. Oldwine who asked that INTRAH continue to send copies of trip reports to her.

D. A very productive meeting was held with Dr. Vidyasagara, MCH Director at the Family Health Bureau of MOH. He agreed to:

1. request release of rural midwives to attend the village volunteers' training program in their geographic areas; and
2. provide training in child survival techniques to FPASL's District Project Officers to enable them to provide information to volunteers during monthly meetings and site visits.

E. A field visit was made to Kandy (4 hours drive from Colombo) to attend the annual district volunteers' convention.

F. A field visit was made to Negombo to visit FPASL's training center which will be the venue for the three upcoming workshops in December 1985 and January 1986.

III. BACKGROUND

INTRAH's contract with the Family Planning Association of Sri Lanka (FPASL) was developed on the basis of INTRAH visits to Colombo in February 1985 (Knauff and Veney, see Trip Reports #'s 0-31 and 0-32) and May 1985 (Knauff and Baker, see Trip Report # 0-63). The project supports: staff development, training of village volunteers and village and district committee members, and includes a training evaluation component.

The first staff development and evaluation activity was training of Mr. Amara Dissanayake and Ms. Mala Wijesekera in evaluation, more specifically, in evaluation of training and INTRAH's approach to it, during a Summer 1985 workshop in Chapel Hill. Mr. Dissanayake also attended the workshop on microcomputer applications to enable him to work more knowledgeably with staff of FPASL's Evaluation Unit of which Ms. Wijesekera is a member.

This visit was made to prepare a task analysis of the village volunteer and to finalize the evaluation plan, both

precedent to the start of in-country training in December 1985.

IV. ACTIVITIES

A. Family Planning Association of Sri Lanka

1. Knauff and Dissanayake worked together to prepare materials necessary for the needs assessment and curriculum development workshops that are to be held in December 1985.

First, the duties of the volunteer were listed and two types of priorities were assigned to each: 1) priority assigned during the first quarter after initial training; and 2) priority assigned during the two years of volunteer service. Next, the list of volunteers' duties was reviewed in order to group related items. Then, each duty, after being stated clearly and simply, was examined and dissected, and elaborated using the following headings: the percent of time allocated; the source of supervision; the knowledge, skills, behavior and standards expected; and, the materials necessary to perform the duty.

These lists were transferred to a chart format (see Appendix B) which was reviewed by the staff of Field Operations. The charts will be reviewed again during the workshops in December 1985 and in their final edition will constitute a task analysis. Thereby, it will be possible to target initial and refresher training and supervision to expectations of the volunteers and the standards by which their performance can be appraised.

Another worthwhile effort was review of the baseline survey, which is conducted by volunteers

during the first quarter of service to establish contraceptive prevalence and a demographic profile of eligible couples in the volunteer's village. It became very evident that many (50%) of the 33 questions were no longer relevant because the special studies for which the answers had been used had been completed. The suggested deletions were also reviewed by Evaluation Unit staff who not only re-worded some of the remaining questions to achieve greater clarity, but suggested that several proposed deletions be revived because of continuing interest in those responses. It was felt that these revisions will not only simplify the survey process and training for conducting the survey, but will also reduce the amount of time the Evaluation Unit now spends on data compilation and analysis.

2. Angle and Knauff made two field visits, the first to Kandy to attend the volunteers' annual convention and the second to Negombo (north of Colombo) to see FPASL's training centre.

The convention was held at a boarding school. About 300 volunteers attended, mostly youthful and female. Official guests included the Deputy Minister of Justice, who addressed the group on the importance of family planning to the country and the need to serve others with compassion and without prejudice. Songs, dances, an FP quiz bowl, speeches and contests were mainstays of the convention. It is evident that this type of event is very important for highlighting volunteer achievements and their importance to the national family planning program, as well as boosting their morale and helping them to appreciate the fact that they are part of an effort that transcends their district's boundaries. The FPASL training

centre is located in a bucolic setting. It is a former guest house and country home set on fifteen acres of palm trees, flowering shrubs, rice paddies, banana plants and grazing pastures. FPASL has begun to renovate the main house and will build a conference hall and a number of bungalows that will each accommodate four persons. The INTRAH-sponsored staff development workshops will be held there, as has an FHI-sponsored training course.

B. **Family Health Bureau, MOH**

During this visit with Dr. Vidyasagara, he changed his mind about the inclusion of rural midwives in the volunteers' training programs. He agreed to release them if Mr. Daya Abeywickrema, Executive Director, FPASL, would write him requesting their participation. He would then write the District Medical Officers who are the general supervisors of midwives.

He was also interested in volunteers' training in child survival techniques (immunizations, oral rehydration therapy, breast feeling, growth monitoring and nutritional practices during illness). He agreed to train FPASL's District Project Officers, to supervise their practicum and to provide them with reference materials. He expects that they would then train volunteers during monthly supervisory meetings.

The information was given to Mr. Abeywickerema who will need to follow up if the offers are to be transformed into activities.

Dr. Vidyasagara noted his pleasure and satisfaction with the findings of a recently-completed study by Andrew Fisher (Population Council) and Sri Lankan colleagues, which revealed that IUD acceptance has increased as a result of recruitment by nurse/satisfied user teams. These findings will be

published and, it is hoped, will influence FPASL's and MOH's recruitment strategies.

C. USAID

Ms. Oldwine wants to continue receiving trip reports.

She seemed satisfied with the training plan and had no suggestions for revisions or additions.

V. RECOMMENDATIONS

Mr. Abeywickrema should follow up with Dr. Vidyasagara on participation of rural midwives during the volunteers' training program, and training of District Project Officers in child survival techniques.

APPENDIX A

PERSONS CONTACTED/MET

USAID/Colombo

Ms. Eilene Oldwine	Chief, Health/Population/Human Resources
Ms. Paula Bryant	IDI

Family Planning Association of Sri Lanka (FPASL)

Mr. Daya Abeywickrema	Executive Director
Mr. Amara Dissanayake	Field Operations Chief
Mr. Victor de Silva	Evaluation Consultant
Mr. A.J. Benedict	Training Officer
Dr. Sriani Basnayake	Medical Director
Mr. Jayasinghe	Evaluation Officer
Ms. Mala Wijesekera	Assistant Evaluation Officer

MOH, Family Health Bureau

Dr. N.W. Vidyasagara	Chief, Maternal/Child Health

OTHER

Dr. Jason Finkel	University of Michigan

APPENDIX B

DUTIES OF THE VOLUNTEERS
(not in chronological order)

Priorities		
Overall	1st 3 Months Post-training	
3	1	Conduct baseline survey.
3	NA	Conduct follow-up after one year.
1	1	Make home visits to eligible couples.
2	1	Implement GRLAC decisions.
2	1	Popularize FP concept.
2	1	. Establish credibility
4	1	. Establish contact with other organizations.
4	4	. Assist other community development personnel.
4	5	. Provide FP/Population information to out-of-school youth.
2	2	. Dispel rumors.
2	2	. Arrange community programs, for example, sub-fertility clinic and programs to orient village-level, state officers and teachers to FP.
2	2	. Use planning checklist.
1	1	Keep field notebooks.
1	1	Attend and participate in GRLAC monthly meetings.
1	1	. Identify problem areas.

Priorities

Overall	1st 3 Months Post-training	
1	2	. Share experiences.
1	1	. Submit reports.
1	1	Prepare and submit monthly reports on activities conducted, number of eligible couples motivated, problems encountered, number of hours spent on volunteer work and contributions of community to program.
1	3	Motivate 80% of eligible couples to adopt an FP method appropriate to client's profile.
1	3	. Identify and use satisfied acceptors.
1	3	. Identify and recruit eligible couples.
1	3	. Organize group meetings.
4	NA	Organize welfare activities.
1	1	Abide by FPASL rules.
1	3	Conduct follow-up visits.

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	MATERIALS NEEDED
	Maintain confidentiality.			
Use of visuals in communicating about FP.	Remain objective during discussions of rumors and resistance.	Sit comfortably.	All group activities have 30 or more eligible persons attending if external resources are used.	Condoms and foaming tablets.
Group dynamics: decision-making, promotion of discussion, overcoming shyness, use of resource persons, use of feedback.	Able to introduce correct information without insulting the client's intelligence.	Sustain active style.		Posters.
Program planning:	Organizing abilities.	Know when to leave the interview.		Equipped hall for group meetings.
Types of community activities to be organized.	Mobilizing assistance.	Good meeting management.	One objective set for each meeting, and the objective is achieved.	
Leadership role: assigning responsibilities, qualities of leadership.	Ease in making contacts with resource persons.	Crowd control: directive behavior.		Checklist.
Relocation of financial resources for the program.	Management in making contacts with resource persons.	Recording of activities, number of persons used, number of hours, assessment of the value of the activity.		Basic requirements for group meetings.
Where and how to obtain local resources.	Management of resources.			
Protocol.	Ability to command respect.			
Techniques of meeting management and crowd control.	Application of protocol requirements.			
	Crowd control.			

DUTY: Motivate 80% of eligible couples to adopt an FP method appropriate to client's profile.

% Time, overall: 60%

SUPERVISED BY: DPO and HQ staff

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	MATERIALS NEEDED
FP Concepts: Child spacing for health of mother and children; FP benefits to economic status of family; sub-fertility is also a part of FP; FP contribution to quality of life.	Able to identify most suitable method for client.	Well-groomed.	100% commitment to the program.	Visual aids.
FP Methods: Permanent methods, pills; injections; IUD; foaming tablet; safe period; condom; withdrawal.	Able to identify most suitable time, place and situatioh for motivational session.	Properly-dressed.	80% of eligible couples motivated with suitable method by end of second year.	Bag to carry. visual aids.
How methods are used and suitablility according to client profile.	Able to be persuasive about getting client to adopt a method.	Polite and respectful.		
Side effects and contra-indications of each method.	Able to identify needs and problems.	Active listening: show you are listening.		Field notebook.
Availability of methods.	Able to problem-solve with the family.	Make visits on regular basis including visits for follow-up.	Monthly reports show steady progress in recruiting clients, and details of group activities.	Pens.
Human reproductive system: male and female.	Use of checklist for program planning.			
Main causes of infertility and sub-fertility.	Good memory.			
Social-cultural factors that influence family size.	Ability to know when he/she does not have the correct answer and to seek help in obtaining the correct answer.	Make notes in field notebook immediately upon visit.	GRLAC gives positive evaluation of the volunteer.	Pamphlets, leaflets.
Interpersonal communications: building rapport; conversational style; good knowledge of the subject; commitment to the idea; use of humor, as appropriate; how to overcome resistance to FP.	Able to actively listen and respond to feedback.			
	Able to assess what/whether client has understood.	Friendly conversation: don't argue.		

DUTY: Attend and Participate in GRLAC Monthly Meetings % Time during first 3 months: 3% Supervised by: not applicable

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	MATERIALS NEEDED
Date, place, time and agenda of meeting.	Ability to report on activities, as requested.	Arrive on time.	Monthly report form handed in?	Field record notebook.
Names of GRLAC group members.	Ability to describe succinctly problems encountered.	Come prepared to present necessary information.	Volunteer report on activities should be made orally.	Monthly reporting form.
Number of families visited.	Problem-solving ability.	Field record book should be available for inspection.	60% of volunteers should be present at start of meeting.	Pens.
Number of couples motivated.	Ability to note and remember decisions of GRLAC.	Participate in discussions when applicable.	Duties assigned during previous month should have been completed.	Paper.
Names of eligible couples allocated to them.	Ability to propose suitable programs.	Enlist help of others in problem solving.	Standards for FP popularization should be demonstrated in report.	Motivation chart.
Problems encountered during the month.	Help to prepare the GRLAC monthly report to DAC.	Bring monthly reporting form.	Every volunteer should have an opportunity to express himself.	Blackboard.
Name of volunteer leader.		Help to arrange the seating for the meeting.	Follow agenda.	Chalk duster.
Duration of GRLAC meeting.		Inform reasons for absence	Display monthly evaluation chart.	
Time spent during month as a volunteer.				
Rules for the meeting.				
Action taken on GRLAC decisions.				
Actions taken in response to GRLAC workplan.				

DUTY: Keep Field Notebook % Time in first 3 months: 7% Supervised by: GRLAC, DPO Operational Manager.

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	MATERIALS NEEDED
Format for the report. Items to be reported. How to summarize the information requested. Rationale for information collected. Biodata and house numbers of eligible couples. Updated information on each eligible couple. Time spent on each activity. Problems encountered. Activities organized and conducted.	Ability to record and report accurately. Ability to summarize. Neat, legible handwriting. Make rough sketch of village and location of eligible couples.	Make entries after each activity with time component. Be honest in making entries. Produce notebook when requested.	Pages neat. Book neat. Updated entries. Complete data on eligible couples. Accurate data. Submitted monthly with signature of reviewing staff	Field notebook. Pens. Colored pencils. Ruler. Specimen forms.

DUTY: Prepare and Submit Monthly Reports on: activities conducted, number of eligible couples motivated, problems encountered, number of hours spent in volunteer work, contributions of community to program.

% Time to be spent in first three months: 3%

Supervised by: not applicable

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	MATERIALS NEEDED
Understand the reporting format. Make a monthly plan: know decisions made by GRLAC. Proper way to complete form. When to submit report. Contraceptive status of families. How to update field notebooks. Record of hours spent in volume work. Record of problems encountered. Record of contributions made by community. Dates of GRLAC meetings. Importance of records to GRLAC, volunteer leader and availability of funds. Whom to notify in case report will not be submitted.	Ability to complete the form accurately, completely, legibly. Ability to maintain daily field record books. Ability to note and remember decisions taken by GRLAC. Ability to extract activities/information from field record books for compilation in monthly report. Identify and summarize major problem areas. Ability to make a monthly plan.	Submit reports on stipulated date, in person or through someone else.	Report must be complete, legible and accurate. Report must be signed and dated. Report should reflect monthly plan. Report should be submitted to GRLAC, volunteer leader or DPO on date determined by GRLAC.	Reporting forms. Pens. Field notebooks. Stamps/envelopes if mailed. Calendar.

DUTY: Make Home Visits to Eligible Couples % Time in first three months: 30% Supervised by: GRLAC members

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	RESOURCES MATERIALS NEEDED
Who the eligible couples are. Contraceptive status of eligible couples. Location of eligible couples. Convenient time for visits. When 30 minutes have passed Names of all contraceptive methods. Source of FP services. Side effects and contraindications. How each method prevents conception. Prevelant rumors about contraception. FPASL program Preventive techniques for maintaining good health. Programs: immunizations, ORT, etc.	Ability to establish rapport. Ability to listen. Ability to speak clearly and loudly enough for client to hear. Ability to assess reactions and to modify conversation accordingly. Ability to probe. Ability to obtain information relevant to the visit or upcoming programs. Ability to provide information that is relevant and timely. Ability to dispell misconceptions and correct misinformation. Present oneself and one's purpose clearly. Record relevant information obtained.	Same as baseline survey.	Two visits per month to each eligible couple. One visit should average 30 minutes. Every visit should be recorded in field book: date visit, house no., message given, initial or repeat, reaction of client, time spent, special remarks, method motivated/promoted or contraceptive status of client. High code of conduct. Well-dressed.	Field record book. Pens. Time piece. File cover. Information/education materials on methods. Volunteer handbook. Schedule of upcoming programs. Badge. Samples of contraceptives.

DUTY: Popularize Family Planning Concept % Time in first three months: 40% Supervised by: GRLAC, DAC and DPO

KNOWLEDGE	SKILLS	BEHAVIOR	STANDARDS	RESOURCES MATERIALS NEEDED
Concepts of FP: spacing, delay of first birth, family size limitation, assistance to sub-fertile couples. Facilities for group meetings. Definition of FP. FPASL and rural program. All methods: how they work, side effects, contraindications. Basic anatomy and reproductive physiology. Consequences of rapid population growth on development. Preparation of activity proposals. Methods for educating people about FP. Role of GRLAC, DAC and DPO. Common rumors. Arguments against FP. Sources of FP service, schedule of services. Sources of FP support and obstacles.	Ability to steer conversation to FP. Identify appropriate time and place to discuss FP. Recall information provided on FP. Ability to apply information taught. Organize for community education: group meetings, resource persons. Use visual aids during one to one and in group education. Obtain public support and support from other organizations in organizing programs. Identification of program needs for activity proposals. Answer and deflect questions about FP. Respond to arguments against FP. Consult with knowledgeable persons on questions they can't answer. Conduct duties in concert with other volunteers.	Punctuality in arriving on time for interviews, programs and meetings. Respect opinions of others. Active Identify and consult with knowledgeable persons. Follow guidelines of GRLAC and DPO. Establish good working relationship with health workers in the area. Identify and enlist the support of satisfied users. Organize opinion leaders' meetings. Meet informally with other volunteers to plan organization of meetings. Abortion not to be promoted.	Group meetings are held in schools, on temple premises, community halls, departmental conference rooms. Representatives from development organizations, health, education are used resources during group meetings. Attendance of group meetings should include minimum of 30 eligible persons. Organize one group meeting per month (group of village volunteers). Two home visits per month per eligible couple (each volunteer). One eligible couple per volunteer adopts FP within the three months' period. One activity (proposal) per month per village. No discrimination on basis of religion, political affiliation, ethnic group, etc. Abortion not a part of FP.	Wall charts Posters Samples of contraceptives. Transport for resource persons.

DUTY: Conduct Baseline Survey % Time in first three months: 17% Supervised by: DPO, DAC representative and GRLAC

KNOWLEDGE	SKILLS	BEHAVIORS	STANDARDS	MATERIALS NEEDED
. how to conduct an interview.	. how to ask for answers to the questions.	. well-groomed	. all questions are answered	. forms . pens, at least two . file cover . half-sheets for notes
. know the questions.	. how to record answers.	. punctual in arriving for briefing meeting.	. instructions have been followed.	
. the time schedule of families.	. how to listen and show you are listening.	. listening.	. answers are legible.	
. what are the relevant questions.	. how to probe for the answers.	. speaking clearly and loudly enough but not too loud.	. answers are reliable; volunteer has signed the form.	
. how long the interview should go on.	. speaking clearly.		. form is dated with volunteer's name and address.	
. the names of the methods and how they work.	. arriving for the interview at the appropriate time.	. stop when the interviewee is restless, impatient or finished.	. answers have been coded.	
. the names of the families and where they live.	. introducing yourself and your task.	. avoid writing while speaking or listening.	. all families have been interviewed.	
. date of completion of the survey.	. recording accurately.	. delay writing depending on situation.		
. what the answer codes are.	. to be able to explain the purpose and the confidentiality of the information.	. sit comfortably.		
		. be polite.		
. know the objectives of the survey - why conducted.	. establishing rapport.	. be calm, not rushed.		
		. give opportunity for client to speak.		
. know what a complete survey of the project area means.	. focus on the most important questions.	. don't discuss other people's answers during the interview.		
	. creating an atmosphere of trust and confidence.	. don't laugh at answers.		
	. stopping the interview.	. don't discuss the interview findings and keep the records in a private place.		
	. how to code the answers.			
	. ability to detect incoherence in answers if and when it appears.	. take enough time to obtain accurate answers.		

SRI LANKA

TRIP REPORT

PART II

Submitted by:
Marcia Angle
Research Assistant
in Evaluation
INTRAH

EXECUTIVE SUMMARY

From November 9 - 17, 1985, Marcia Angle, INTRAH Research Assistant in Evaluation, worked in Sri Lanka to update and finalize plans for the evaluation of the INTRAH-sponsored training of volunteers by the Family Planning Association of Sri Lanka (FPASL). Angle's presence served to expedite communications between evaluators at FPASL and at INTRAH, to clarify details and make modifications to the evaluation plans, and to familiarize Angle with the circumstances of FPASL's work. Angle also conducted a brief, preliminary assessment of the need for a new IBM microcomputer at FPASL, and presented FPASL with possible visual aids which could be modified for use by the village volunteers.

SCHEDULE DURING VISIT

Saturday Nov. 9	9 a.m. Arrived Colombo.
	4:30 p.m. Met with Mr. Dissanayake and was briefed on volunteer project.
Sunday Nov. 10	12 p.m. Met with Mr. Daya Abeywickrame, FPASL Executive Director.
	1 p.m. Drove to Kandy.
Monday Nov. 12	9 a.m. Participated in annual conference for 250 village volunteers from Kandy district.
	8:30 p.m. Returned to Colombo.
Tuesday Nov. 13	9 a.m. Met with Ms. Eilene Oldwine, USAID.
	1 p.m. Met with Dr. Shriani Basnayake, and was oriented to current FPASL research projects and other clinical activities.
Wednesday Nov. 14	9 a.m. Met with Mr. Jayasinghe, Ms. Wijeyesekera, Mr. de Silva, Mr. Dissanayake, and Ms.

20

	Knauff re: baseline survey.
	10 a.m. Continued meetings through the day with Mr. Jayasinghe and Ms. Wijeyesekera.
Thursday Nov. 15	9 a.m. Meeting with Ms. Wijeyesekera and Mr. Jayesinghe.
	10:30 a.m. Observed mini-laparotomy.
	11:30 Traveled with Ms. Knauff, Mr. Abeywickrame and Dr. Basnayake to FPASL training centre, Negombo.
Friday Nov. 16	9 a.m. Met all day with Ms. Wijeyesekera and Mr. Jayasinghe.
Saturday Nov. 17	2:30 p.m Left for Kathmandu.

I. PURPOSE OF TRIP

The purposes of Angle's visit were:

1. to finalize details of the evaluation plan for FPASL's volunteer training program;

2, to conduct a brief, preliminary assessment of the need for a new IBM microcomputer at FPASL;

3. to obtain feedback on the appropriateness of several visual aids for use by FPASL village volunteers; and

4. to further familiarize Angle with the circumstances and accomplishments of the FPASL.

II. ACCOMPLISHMENTS

A. Evaluation

Angle was sent to Sri Lanka to follow up on the evaluation plan for the volunteer program. The original evaluation plan, as outlined in the May 1985 project, was slightly modified during the July 1985 Chapel Hill evaluation course. Mr. Amara Dissanayake, Director of FPASL Field Operations, and Ms. Mala Wijeyesekers, Assistant Director, Evaluation Unit, attended the Chapel Hill course. Responsibility for continued evaluation rests with Ms. Wijeysekera; her supervisor, Mr. Jayasinghe, who is director of the Evaluation Unit; and Mr. Victor de Silva, evaluation consultant.

1. During this visit, Angle, Jayasinghe and Wijeyesekera modified the evaluation scheme as recommended by Drs. James Veney and James Lea.

22

These changes were approved by Mr. de Silva, and by Mr. Daya Abeywickrame, Executive Director, FPASL. Other modifications of survey instruments were also made. Angle, Wijeyesekera and Jayasinghe drew up a time-line for evaluation tasks, to assist the Evaluation Unit in executing the upcoming studies.

2. Angle began a preliminary assessment of FPASL's computer requirements; completion of this assessment must await the return of FHI's computer specialist, Ms. Dorée Trottier.
3. Angle obtained feedback on several trial visual aids prepared by INTRAH for use by FPASL's village volunteers.
4. Angle became much more familiar with the strengths and needs of the FPASL.

III. BACKGROUND

The project proposal (Appendix B of Trip Report 0-63) includes an excellent description of the Community-Managed Rural Family Health Program (CMRFHP). The FPASL created the CMRFHP five years ago to address the problem of low contraceptive awareness and use in rural areas by training young volunteers to inform their fellow villagers about family planning. A secondary benefit of the CMRFHP is that the young volunteers are chiefly unemployed, and the program gives them a structured opportunity for civic work, allowing a sense of accomplishment.

Presently the project selects the ten new villages in which it will work in January of each year. The CMRFHP continues to work in all 24 of the country's districts, despite the civil war raging in the northern and eastern regions. This is possible because the FPASL District Project Officers (DPO) include Tamils who are able to travel

to the involved areas. However, in some districts, activities are restricted.

The project reaches an additional one percent of Sri Lanka's rural population each year. Because the FPASL has limited resources, it has encouraged the Sri Lankan government to adopt similar programs in other rural areas, using the CMRFHP as a model.

IV. DESCRIPTION OF ACTIVITIES

A. Changes in the Evaluation Plan

The proposed changes are:

1. Biodata and participant reaction forms will not be obtained on 100% of volunteers; instead, samples of two villages (20 volunteers each) from each of the country's seven regions will be drawn in each of the three project years. These two villages in each region will not be from the same training session. This sample group (280 each year) will receive the biodata form, participant reaction form, pre-test and post-test at the time of their training. The 280 volunteers trained in 1986 will be readministered the biodata form and the post-test in 1987 (after one year in the field) and in 1988 (after two years). The 280 volunteers trained in 1987 will be readministered the biodata and the post-test form in 1988 (after one year in the field) (see Table 1).
2. All other trainees (including GRLAC and DAC members, and DPOs) will have their names and village names submitted to INTRAH at the completion of their training. These lists of names will be part of the bi-monthly progress report of the Operations Division.
3. The biodata form will have some modifications

made. Because the objective of serial readministration of the biodata form is to determine: 1) the attrition rate of the volunteers; and 2) whether they have attained other employment, all questions concerning current job descriptions (-10, -12, -14, -15, -16, and -17) will be clarified to state that they refer to employment, not to volunteer work in the FPASL's Rural Family Health Project. At the end of the biodata form, one question will be added:

Q19 Are you currently involved in the Rural Family Health Project as a:

a. field volunteer
b. GRLAC volunteer
c. DAC volunteer
d. paid employee
e. not actively involved
f. not involved at all

Both "e" and "f" will be totalled to determine attrition. (The other categories of workers are included, as the same biodata form will be used for persons attending the December 1985 workshops.)

4. On both the participant reaction form and the biodata form, a space for the trainee's identification number will be added.
5. When instructions are given, District Project Officers will clarify that Question -7 of the participant reaction form, and Questions -15, -16 and -17 of the biodata form, are to refer to work other than as a village volunteer; if no categories apply, a zero will be entered.
6. The performance appraisals will be done on 30% of the random sample; i.e., 90 of the 280 volunteers trained in 1986 will be appraised in 1987, and 90 of the 280 volunteers trained in 1987 will be

appraised in 1988. No performance appraisals will be done on cohort III, i.e., those volunteers trained in 1988. The performance appraisal instrument will be based on the behaviors and standards for volunteers developed in the December 1985 workshop; the instrument is to be finalized when Ms. Wijeyesekera, Mr. Dissanayake and Mr. Jayasinghe attend the follow-up evaluation conference in Bangkok (see Table 1). Mr. Victor de Silva espressed great interest in obtaining a two-year follow-up performance appraisal on cohort I; i.e., volunteers trained in 1986, after two years in the field. Such a performance appraisal, done in 1988, could be accomplished by a no-cost contract extension, or two memoranda of agreement.

7. All pre-post-test scores for the randomly sampled cohorts (280 per year x three years) are to be submitted to INTRAH on pre-post-test score sheets if a computer is unavailable. Assuming an IBM computer and software are made available to FPASL (see Recommendations section), the pre-post scores, the biodata forms and the participant reaction forms will all be entered in the format used by INTRAH.
8. The baseline survey to be used by the volunteers in all villages was made more concise.
9. In the five experimental and five control villages, trained enumerators will be employed to conduct a more in-depth survey of all eligible couples (about 2,000). In the five experimental villages, the volunteers will follow that effort about one month later with their usual baseline survey. Such repetition is necessary because the volunteers' short survey serves as an entré to discussion of family planning issues; furthermore, completing the community survey is the primary

task of the volunteers' first few months of work, and to delete this activity would alter the format of the program considerably. Finally, some verification of the volunteers' surveying abilities will be possible as both the volunteers' survey and the survey done by the paid, trained enumerators have the objective of determining contraceptive prevalence by type of method.

10. In the five experimental villages, the paid enumerators will interview the eligible couples at the end of two years (in 1988) with a few additional questions beyond the basic questions in survey form "A" (see Table 2). This expanded form "A1" will attempt to discover reasons for attrition, and conversely, reasons for sustained volunteer effort. Questions for A1 are not yet written, but will build on issues addressed in the 1985 FPASL report "Study of Volunteerism in Promoting Family Planning," including whether too many or too few eligible couples are assigned to each volunteer.

11. The Evaluation Unit has interest in interviewing GRLAC members, (Forms C and C1), midwives (D and D1), and leading citizens (E and E1). Time permitting, brief questionnaires for this purpose may be developed.

12. The experimental and control villages will be matched, as far as possible, on the variables listed in Table 3. Unless more of the information can be obtained before the paid enumerators complete their baseline survey, seven or eight control villages may need to be surveyed in order

to find five good matches for the five experimental villages (see Table 3).

13. One more issue of interest to the Executive Director, Mr. Abeywickrame, is clarifying what is the optimal number of months FPASL should actively supervise a village program. As such supervision is costly, if maximum improvements in contraceptive prevalence are reached before the end of two years, FPASL could direct its limited resources elsewhere (presently the program expands to include 1% of all rural villages per year). A month-by-month tally of improvements in contraceptive prevalence may become possible if volunteers accurately complete their notebooks, wherein they record each month what method each of the eligible couples assigned to them is using. (As each volunteer is assigned only about ten couples, and as this record-keeping task will be emphasized in the revised curriculum (beginning January 1986), such data may be reliable.

14. Ms. Wijeyesekera and Mr. Jayasinghe developed, with Angle, a timetable for INTRAH activities by the FPASL Evaluation Unit (see Table 4).

B. Computer Needs Assessment

1. The FPASL presently uses to capacity the the Texas Instrument (TI) computers with which Family Health International (FHI) has provided them.

2. Although the Sri Lankan USAID Mission has several IBM computers, their capacity is spoken for.

3. The Sri Lankan Ministries involved in health (including the Ministry of Plan Implementation) may have unused computer capacity, according to a formal appraisal of the Sri Lankan Ministries' computer needs done by an ex-patriot consultant. This May 1985 report stated that no Sri Lankan

Ministry needs any further hardware; instead, uniformity among software packages and maintenance agreements is urged. Despite this, a new IBM XT is arriving for the Ministry of Plan Implementation, and another for the Ministry of Health's malaria program. However, Ms. Eileen Oldwine, USAID Health, Population, and Human Resource Officer, felt very strongly that it would be "impossible" for FPASL to have access to any of the Ministries' thirteen old or two new computers at the times FPASL might need access. Other USAID workers familiar with the situation corroborated this view. Ms. Oldwine saw no possible solution to this lack of coordination; she advised that, even if promises to share computer time were made, the concessions would never prove to be adequate.

4. Mr. Daya Abeywickrame, Mr. Jayasinghe and Mr. Dissanayake all pointed out that the Colombo IBM outlet is known for prompt service, and that a computer purchased there would be available two to three months earlier than one shipped from the U.S.

5. Ms. Dorée Trottier of Family Health International (FHI) will arrive at FPASL December 2, 1985, to do a formal needs assessment for FHI. Ms. Champa Bala, FPASL's computer programmer (in charge of all computer inputs), will give Ms. Trottier and Mr. Jim McMahon her calculations regarding what portion of a computer's time INTRAH evaluation work would take (based on the number of questionnaires, the number of items on each, the need for verification of coding done in the field, etc.). FHI will contact INTRAH in late January 1986, regarding joint sponsorship of an IBM computer for FPASL; FHI would supply more than 50% of the cost, and handle all logistics.

V. FINDINGS

The Evaluation Unit of the FPASL is well-organized with extremely competent personnel who will be able to execute the evaluation plan as agreed. Statistical sampling, evaluation design, questionnaire design and testing, and data collection, entry and analysis are all areas in which the Evaluation Unit of the FPASL has experience. Nonetheless, Angle's visit was useful for clarifying detail, updating forms, agreeing on modifications, and verifying the 1986 timetable.

VI. RECOMMENDATIONS

A. As the Evaluation Unit (Mr. Jayasinghe and Ms. Wijeysekera) will be represented in Bangkok, no visit is necessary in 1986. A follow-up of the activities of the Evaluation Unit by INTRAH should be conducted in 1987.

B. INTRAH should contribute toward FHI's purchase of an IBM computer for FPASL. The contribution should be in proportion to the amount of computer time INTRAH's evaluation will consume. This will not only strengthen the capabilities of FPASL's already excellent Evaluation Unit, but it will save INTRAH the additional expense of data entry.

C. INTRAH's visual materials experts, especially Ms. Gabrielle Beasley, should revise the visual aids for village volunteers per suggestions given by the FPASL, and send back revised versions of the visual aids in January 1986.

TABLE I

		Pre-Test (scores for each person)	Post-Test	Participant Reaction Form	Biodata Form	Performance Appraisal "BARS"
1986	Cohort I	280	280	280	280	0
1987	Cohort I	0	280	0	280	90
	Cohort II	280	280	280	280	0
1988	Cohort I	0	280	0	280	0
	Cohort II	0	280	0	280	90
	Cohort III	280	280	280	280	0
Total No.		840	1,680	840	1,680	180

TABLE 2

SURVEY FORMS FOR FPASL STUDY OF FIVE EXPERIMENTAL AND FIVE CONTROL VILLAGES.

FOLLOW-UP	BASELINE	TWO-YEAR
Experimental village eligible couples	** A (+/-1,000)	A1 (+/-1,000)
Control village eligible couples	** A (+/-1,000)	A (+/-1,000)
Experimental village volunteers	*	B (+/-100)
Experimental village GRLAC members	? C (25)	? C1 (25)
Experimental village midwives	? D (5)	? D1 (5)
Control village midwives	? D (5)	? D (5)
Leading citizens not belonging to GRLAC (eg. monk, principal)	----	? E (10)

---

* No baseline survey of these volunteers needed, as their names, age, race, sex, marital status, education and occupation is recorded elsewhere - pre- and post-test forms will combine the same information.

(/) prime mark denotes additional questions added in follow-up questionnaire.

** Form "A" is reproduced in Appendix B2; none of the other questionnaires are written yet.

TABLE 3

VARIABLES ON WHICH TO MATCH EXPERIMENTAL AND CONTROL VILLAGES.

VARIABLE	UNIT OF MEASURE	LIKELY SOURCE OF INFORMATION
Population	No. of eligible couples	Dept. of Census
Education	% with 10+ years	*
Major occupations of locale	% in broad categories (eg. farming, fishing)	*(although persons who know village can give idea)
Availability of health services	.Ratio of pop.: midwife .Access to clinical FP services, including IUD and injection. .Access to sterilization services.	Local midwife government
Ethnicity	.% Singhalese, Tamil and Muslim	Dept. of Census
Infant and child mortality	.Estimate of no./1000 live births	**
Contraceptive prevalence	.% Eligible couples using each method.	*(although local government midwife is supposed to keep such records.
Absence of special development program	Present or absent	Common knowledge

---

* Must await completion of paid enumerators' baseline survey.

** Enumerators' baseline survey includes questions on no. of live births, no. of children now living, and age of children.

TABLE 4

TIMETABLE FOR THE EVALUATION UNIT OF FPASL ACTIVITY

MONTH	ACTIVITY
11-12/85	Translate biodata and participant reaction forms.
12/85	Prepare pre- and post-tests for volunteers.
12/85	Finalize questionnaire for eligible couples, and field test.
1-2/86	Select 14 villages (two/region) in which to do serial follow-up of volunteers (annual biodata and post-test).
1-2/86	Select five experimental and five control villages.
2-3/86	Train professional enumerators and administer questionnaire for eligible couples in the five experimental villages and five control villages.
4/86	Attend evaluation meeting in Bangkok and bring first draft of Behavioral Anchored Rating Scale.
6/86	* Begin data collection and analysis, and send disk to INTRAH giving pre- and post-test scores, participant reaction form scores and biodata form scores for the first 280 surveyed volunteers.

Projects for 1987

Finalize questionnaire for follow-up of volunteers in experimental villages, and for follow-up of eligible couples.

Continue data collection, analysis and transmission.

Projects for 1988

Administer questionnaires in experimental and control villages.

Conclude data collection, analysis and transmission.

---

* Presumes arrival of IBM microcomputer by 3/86.