

PD-AAR-223

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Intrain

Trip Report

0-63

Travelers: Lynn Knauff, Deputy Director
Ray Baker, Associate Director
for Administration

Country Visited: SRI LANKA

Date of Trip: May 13-17, 1985

Purpose: To finalize a proposal, workplan
and budget and develop a subcontract with
the Family Planning Association of Sri Lanka

Program for International Training in Health
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The University of North Carolina
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* On file with INTRAH Program Management Office.

EXECUTIVE SUMMARY

Ms. Lynn Knauff and Mr. Ray Baker, INTRAH's Deputy Director and Associate Director for Administration, respectively, worked in Sri Lanka during the period, May 13-17, 1985 to finalize a proposal, workplan and budget and develop a subcontract with the Family Planning Association of Sri Lanka (FPASL). The documents were reviewed with USAID/Colombo (Mr. Chamberlain and Dr. Thenabadu), but copies were not left with them.

SCHEDULE

- May 12: Knauff arrived Colombo, 1:00 p.m.
- May 13: Meetings at FPASL
Baker arrived Colombo at 9:00 p.m.
- May 14: Discussion about evaluation workshop
participants at USAID
Meetings at FPASL
- May 15-16: Preparation of proposal, workplan and
subcontract at FPASL
- May 17: Meeting at FPASL
Meeting at Ernst and Whinney, auditing
firm (Baker)
Debriefing at USAID
- May 18: Departed for Nepal at 4:30 p.m. (2 hours
late)

PURPOSE

The purpose of the visit was to finalize the FPASL proposal and develop a workplan and subcontract with FPASL.

ACCOMPLISHMENTS

The FPASL project proposal was re-worked to reflect issues and questions raised during INTRAH's reviews of proposals submitted by FPASL, (see Appendix B)

A workplan, budget, and subcontract with FPASL were developed (see Appendix C).

BACKGROUND

During INTRAH's (Knauff and Veney) previous visit (see Trip Report #0-32) it was determined that the FPASL's village volunteers' training program merited consideration for INTRAH support. This view was endorsed by Ms. Oldwine of USAID/Colombo and Mr. D.P. Wijegoonseker, Director of the Population Division of the Ministry of Plan Implementation (MOPI) who accorded FPASL's project highest priority.

In addition, Dr. Veney held discussions with Ms. Oldwine, Mr. Abeywickrame of FPASL and Dr. Vidysagara (FHB/MOH) about INTRAH's summer course sequence in evaluation, and potential candidates from FPASL were identified (see Veney's Trip Report #0-31).

As recommended in Trip Report #0-32, a revised proposal was handcarried to INTRAH in late March by Mr. Jayasingha,

FPASL's Evaluation Manager, who was visiting Family Health International (FHI) in Research Triangle Park, N.C. A handwritten review of FPASL's proposal was given to Mr. Jayasingha prior to his departure for Sri Lanka, which was followed by a more detailed typewritten review mailed from INTRAH several weeks later. Jayasingha also discussed potential candidates for the evaluation course sequence with Dr. Veney and the advisability of having them attend all or only a portion of the course sequence. Mr. Jayasingha was requested to discuss the matter with Mr. Abeywickrame who subsequently was to communicate his decision to INTRAH.

A cable was received on April 29 from FPASL requesting approval for Mala Wijesekera, Evaluation Unit, FPASL to attend only the first course in the series, and for Mr. Amara Dissanayake to attend the first course and part of the second (microcomputer applications). An affirmative cabled response was sent from INTRAH to Mr. Abeywickrame. Dr. Veney felt that since the microcomputers to be used in the applications course were IBM's, Mala would not benefit from skills practice on them since FPASL uses Texas Instruments' computers supplied by FHI. In Dissanayake's case, Dr. Veney felt that Dissanayake should learn about applications but did not necessarily need to learn how to operate a computer, particularly a brand not used by FPASL. Some discussion was held regarding the possibility that Mala would stay on after the evaluation course to be oriented to FHI (at their expense) and to experiment with FHI's computers in application of the INTRAH evaluation process.

A return visit by Knauff and an initial visit by Baker were scheduled to Sri Lanka for finalization of the proposal and workplan and development of a subcontract. In the absence of Ms. Oldwine, it was the INTRAH team's impression that their USAID liaison was to be Dr. Gnani Thenabadu, whom the Knauff/Veney team had been told was Ms. Oldwine's Sri Lankan assistant.

ACTIVITIES

USAID/COLOMBO

Three meetings were held at USAID with Mr. Robert Chamberlain, Chief of the H/P/HR Division and Dr. Gnani Thenabadu, Program Officer. Knauff and Baker also met Ms. Paula Bryan, IDI, who had attended an INTRAH presentation in Washington, D.C. during the RFP process, and who introduced herself to Knauff.

During the first meeting at USAID, attended by Chamberlain, Thenabadu and Knauff (Baker has arrived late the previous night), Chamberlain expressed his discontent with the process used in and outcomes of INTRAH's identification and selection of evaluation participants and AID/W's course sequence announcement cable. He felt that the announcement cable had been misleading -- or that INTRAH was misleading him in order to obtain Mala's and Dissanayake's participation. His understanding from the AID cable was that a ten-week course on evaluation was to be conducted by INTRAH and based on that understanding, the Mission had concurred. Knauff agreed that the cabled announcement could be interpreted as he had done, but in fact there were to be three courses, only one of which was specifically on evaluation. Knauff also stated that attendance at all three courses was not mandatory, and curtailed attendance by the FPASL participants had been approved by INTRAH for the reasons discussed in the Background Section of this report. Chamberlain showed Knauff the ASP-66 forms which, along with two plane tickets, had been sent through DHL by INTRAH. The forms displayed ten-week visa request durations for each candidate. He questioned coordination within INTRAH and said he would send an immediate cable to AID/W to request clarification and guidance.

Baker met with Chamberlain and Thenabadu the same afternoon to further explain decisions and actions taken on the participants at the summer course sequence. Baker supplemented Knauff's remarks, especially as concerned the ASP-66 forms which were issued by the Foreign Student Office and not INTRAH. He also defined the two pre-paid airline tickets as an emergency back-up because INTRAH had not received an FPASL response to a cable suggesting that FPASL provide tickets with subsequent reimbursement. They had cabled "affirmative" but the cable was not received at INTRAH. Mr. Chamberlain kindly returned both tickets to Baker and expressed his appreciation for the visit.

The INTRAH teams's debriefing on Friday, May 17 also covered the participant situation; by that time, the participants had obtained their visas, airline reservations and tickets purchased by FPASL, and were scheduled for departure that evening. The team learned that the immediate cable mentioned earlier had not been sent; instead, Chamberlain stated that he intended to send a cable expressing his unhappiness and concern with the process for selecting the candidates and the wording of the AID/W cable announcing the course sequence.

The team informed Chamberlain and Thenabadu that a proposal and draft subcontract had been prepared and would be forwarded to USAID/Colombo after the documents had been typed at INTRAH and reviewed by Dr. Lea and UNC's Contract Administration Officer. The team described the scope of work noting that the final proposal and budget did not differ significantly from those previously submitted by FPASL to INTRAH; however, several staff development activities and a strong evaluation component had been added. The team also noted that the proposal focused on in-country training.

FAMILY PLANNING ASSOCIATION OF SRI LANKA

Since the primary purpose of the visit was to finalize a proposal, workplan and budget and develop a subcontract, Baker and Knauff spent the major portion of each day with FPASL staff; primarily, Mr. Dissanayake, Mr. Jayasingha, and Mr. Kumaraşwamy. Several meetings were held with Mr. Abeywickrame who reviewed and commented on each draft document.

During discussions with Mr. Dissanayake it became evident that several staff development activities were warranted if the volunteer's training curriculum was to be reviewed and revised and the vast training program was to be effectively organized, managed, conducted and evaluated. The purpose and outcomes of staff development activities were discussed and a workplan developed which included staff and village volunteers' training components, annual project reviews and a final dissemination conference, and an evaluation design which differed somewhat from the one developed during the last visit (This was to be discussed by the two FPASL participants with Veney in Chapel Hill).

On request, the FPASL made available copies of required, official project endorsement letters from the Ministry of Finance and Planning and the Ministry of Plan Implementation. Arrangements for cash transfers, by telex and mail, were concluded. The accountant was briefed on post-project audit arrangements as concluded with Ernst and Whinney.

RECOMMENDATIONS

The proposal, workplan, budget and draft subcontract should be reviewed by Dr. James Lea of INTRAH, USAID/Colombo, and ST/POP/IT.

2. The draft subcontract, after review and approval by UNC's Office of Contracts and Grants should be forwarded to CM/COD/PE for approval.
3. INTRAH should identify, brief and provide a trainer competent in needs assessment, curriculum development, and management to plan and conduct three activities in Sri Lanka for FPASL staff during the months of December 1985 and January 1986.
4. An INTRAH staff member should attend FPASL's annual project reviews.
5. If and when additional U.S.-based participant training opportunities are offered by INTRAH, INTRAH should provide USAID/Colombo with a written description of the purposes, expectations, training course description, and reasons for pre-selecting participants. This written description should follow ST/POP/IT's cabled announcement to the Mission.

APPENDIX A

PERSONS CONTACTED/MET

USAID/Colombo

Mr. Robert Chamberlain, Chief, Office of
Health/Population/Human Resources

Dr. Gnani Thenabadu, Program Officer, H/P/HR

Ms. Paula Bryan, IDI, H/P/HR

Family Planning Association of Sri Lanka

Mr. Daya Abeywickrame, Executive Director

Mr. Amara Dissanayake, Head of Operations

Dr. Sriani Basnayake, Medical Director

Mr. Jayasingha, Evaluation Head

Mr. Ananda Kumaraswamy, Accountant

Mr. Victor de Silva, Evaluation Consultant

Ernst and Whinney

Mr. H.G. Fonseka, Partner

APPENDIX B

PROJECT PROPOSAL

Country: SRI LANKA

Project Title: Training of Volunteers and Staff Involved in the Implementation of the FPASL's Community Managed Rural Family Health Programme.

Project Cost: Rs. 8,563,155 or \$ 311,387*

Total number of Trainees: 37,693

Cost per Trainee: \$ 8.26

Cost per training day: \$ 3.55

Total number of (unduplicated) trainees: 18,853

Cost per (unduplicated) trainee: \$ 16.52

Cost per (unduplicated) training day: \$ 6.29

Name of Organisation Submitting the Proposal: Family Planning Association of Sri Lanka

Name, Title and Address of Chief Contact: Mr. Daya Abeywickrama,
Executive Director, Family Planning Association
of Sri Lanka, 37/27, Bullers Lane, Colombo 7,
Sri Lanka.
Telephone: 580915.

Date of Submission of Proposal: June 1985

Project Duration: December 1, 1985 - January 31, 1989.

* \$ 1 = 27.50 S.L. rupees

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I PROJECT SUMMARY

The project builds on a RTSA/A-supported, three year project during which 30,000 volunteers from 1,000 villages were trained. This proposal reflects modifications and certain new elements that were indicated by the RTSA/A - assisted evaluation report, FPASL's management information system's and evaluation findings, and discussions between INTRAH representatives and FPASL executive, field operations and evaluation personnel.

The Family Planning Association of Sri Lanka (FPASL) requests technical and financial assistance from INTRAH, during the period December 1, 1985 - January 31, 1989, to improve and extend the village volunteer component of the Community Managed Rural Family Health Programme. The programme and FPASL's general proposal and intention to request INTRAH support have approval from the Ministry of Plan Implementation and the Department of External Resources.

During the three year project, 15,000 village volunteers, 270 District Action Committee (DAC) members, and 3,600 Grass Roots Level Action Committee (GRLAC) members will be given initial and refresher training. In order to improve and strengthen the training management, training, and supervision functions of Headquarters and district field officers, the 7 Headquarters field operations staff and 24 District Project Officers (DPO) will receive training in training needs assessment, curriculum development, management, and programme planning.

An evaluation design and plan have been developed and will be initiated at the start of the project. The evaluation is targeted not only to measure achievement of project objectives, but also to measure training effects and impact, and volunteer attrition/retention. Monitoring data and evaluation findings will be formally reviewed at the end of each year, and annual

programme plans will be revised on the basis of the findings together with the field experience of DPO's and Field Operations Headquarters' staff.

The total in-country cost of the project is Rs. 8,563,155, or \$ 311,387. Per trainee cost is \$ 8.26 ; per training day cost is \$ 3.55.

II. Background Information

Nearly 75% of Sri Lanka's population of 15.3 million persons is rural and Buddhist. Literacy is high - 90.5% overall; 82.4% for women - and awareness about family planning is high: over 95%. However, estimates of contraceptive prevalence, according to the Contraceptive Prevalence Survey (CPS) in 1982, show a marked disparity between awareness and practice: only 30.4% use a modern method (and of those, sterilization had been adopted by over 20%). Rhythm and traditional methods are practiced by almost 20% of the 55% of currently married women of reproductive age who reported use of a family planning method. A Family Health Impact Survey taken in 1981/82 and published in May 1984 (Evaluation Unit, FHB/MOH, Colombo) revealed that 48% of their sample of 5083 currently married women in the reproductive age group practised contraception: only 7% of those reported use of IUD, pill or injectable; and 14% used traditional methods. Of those who reported they desired no more children, 44% were not using any contraceptive method.

The crude birth rate is estimated to be 26.2, and the annual growth rate is 1.5%. Singulate mean age at marriage is surprisingly high: 28 years for men and 25 years for women.

Private and public sector family planning services are available throughout the country as a result of initiatives taken in the 1950's.

An organised effort to introduce family planning to Sri Lanka was made in early 1953 with the founding of the Family Planning Association of Sri Lanka. At the commencement the activities of the Association were restricted to areas around the capital city of Colombo. Attention was focused on family welfare with a view to reducing maternal mortality, malnutrition and infant mortality. The work done by the Association was

given Government recognition in 1954 in the form of a financial grant.

In 1958, the Government entered into a bilateral agreement with the Royal Government of Sweden to conduct a pilot project in Community Family Planning. This project was designed to investigate the prospects of family planning in Sri Lanka and study the attitudes of the people towards family planning. The project commenced in June 1958 in two public health midwife areas. In the pilot areas the crude birth rate showed a promising decline and there was an increasingly positive attitude towards family planning.

The project also demonstrated that family planning could be successfully integrated with the existing maternal and child health services which were already widespread within the country.

Through the experience gained from this pilot project, the Government decided in 1965 to accept family planning as part of national policy and family planning was made a function of the Ministry of Health. The delivery of family planning services was thus integrated with the existing Maternal and Child Health Services.

A separate division was established in the Ministry of Health to implement this programme and placed in charge of an Assistant Director, Maternal and Child Health (AD/MCH). In 1968, a Maternal and Child Health Bureau was set up with AD/MCH as the administrative head. The Bureau was also entrusted with the function of planning, implementing and evaluating the family planning programme. In 1973, the Maternal and Child Health Bureau was redesignated the Family Health Bureau.

In 1970, the Government stated that "though family planning would not be a solution to the economic ills of the country, nevertheless family planning facilities should be made available on a more intensified scale". The Government 5 year plan presented at the end of 1971, stated that "family planning should be made available to all groups and not be confined to the privileged section of society".

From 1972, the family planning programme had the necessary political endorsement and the Government sought the assistance of several international organisations to obtain financial support for expansion of services within the country.

In 1978, the subject of population policy was gazetted as a function of a separate Ministry and assigned to the Ministry of Plan Implementation which functions directly under the President of the country. The subject of family health was assigned to a Project Minister of Colombo Hospitals and Family Health within the Ministry of Health with responsibility to direct, coordinate and implement activities pertaining to maternal and child health and family planning.

(Excerpted from the Family Health Impact Survey, 1981-1982, pp.13-14)

Coordination of family planning and population interests is provided by the Population Division of the Ministry of Plan Implementation which convenes informational meetings of public and private sector family planning interests and organisations.

It is generally agreed that the number of family planning points is adequate (although this view is not shared by the Population Division Director of the MOPI), family planning awareness is high, the incentive system for sterilizations has promoted sterilization perhaps at the expense of temporary methods, and there is surprisingly high and perhaps effective use of traditional methods. The major jobs to be done are to motivate for and accelerate use of effective temporary methods among those not desiring more children but not using any contraceptive method, and to conduct action research on approaches to acceptance (Population Council is currently supporting FPASL in use of a midwife/satisfied IUD acceptor team to promote IUD adoption) and on the effectiveness of traditional methods currently in use (FHI will support this study).

USAID has no population/family planning bilateral programme in Sri Lanka. The UNFPA provides \$ 1.5 million per year to support public sector family planning and population projects and supplies of commodities.

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The UNFPA-assisted projects have included: support of the 1981 census; a now-empty demographic centre; refurbishment of 87 operating theatres; WHO-sponsored paramedicals' training; the Research and Evaluation Unit of the FHB; in-service and basic training of midwives and a family planning curriculum for use in basic training; and, management training of district and central MOH staff.

With regard to training, there are four sources:

1. The Family Planning Association of Sri Lanka (FPASL) trains their volunteers and staff, and also trains physicians in vasectomy and tubectomy for which the Government provides FPASL with Rs.100,000 annually.
2. The Bureau of Health Education of the Ministry of Health provides in-service communications training to midwives and other field personnel. The basic training in family planning for midwives is the responsibility of Schools of Nursing and the Institute of Health Sciences.
3. Population Services International provides for training to the pre-service level of ayurvedic students.
4. Sri Lanka Association for Voluntary Sterilization (SLAVS) provides sterilization training for physicians.

The Family Planning Association of Sri Lanka (FPASL) is keenly interested in expanding its rural family health programme which uses village-based volunteers to motivate for family planning, accompany new acceptors to clinics, follow-up family planning continuation clients, and act as sources of family planning information. The FPASL volunteers' initial training is currently for three days which is followed by monthly meetings of volunteers, supervisory visits of the District Project Officer (DPO) and District Action Committee (DAC) members, and annual conventions. To date 30,000 volunteers in 1,000 villages have been trained; generally, a group of 20 is trained in each village. The volunteer group conducts a village baseline survey which identifies couples in the reproductive age group and whether or not they are using contraception. If they are not, the couple is asked why not and the coded reason is recorded. Contraceptive-users' method is also recorded. The baseline survey is updated annually for the two years during which FPASL provides support in each

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village. Thus, levels of contraceptive use can be ascertained and volunteer effort toward motivation can be determined. The target for each village during the two years' in which FPASL is involved is 80% contraceptive prevalence among the eligible couples identified during the baseline survey.

The volunteer programme including the organisation and maintenance of District Action Committees (DAC) and Grass Roots Level Action Committees (GRLAC), is managed by the Director of Field Operations and a management staff of 6 persons. A District Project Officer (DPO) is assigned to each of Sri Lanka's 25 districts and directs and supervises the volunteer programmes, organises and conducts volunteer training, and reports to and meets with the Headquarters' staff on a monthly basis.

Evaluation of the volunteer programme is conducted through four means; 1) pre and post test training data are analysed and produced in print-outs; 2) baseline and update survey data are analysed and reviewed; 3) monthly reports of DPOs are reviewed and discussed with them; and 4) DAC and GRLAC meetings are held to discuss the achievements and problems of the village-level projects and the performance of volunteers.

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Of Sri Lanka's 25,100 villages, FPASL is sponsoring or has sponsored volunteer programmes in 1,000, or 4% of the total, at the end of 1984. Typically, the following organisational pattern is used to develop village volunteer projects and programmes:

1. The DAC and District Project Officer identify villages to be supported, according to 5 criteria.
2. DAC members and the DPO visit the villages and organise and train a GRLAC.
3. The GRLAC with the DPO select 20 volunteers according to established criteria.
4. The volunteers are trained and meet monthly with the DPO. Locally, they are supervised by the GRLAC.
5. The project and a baseline survey are conducted by the

volunteers, with help from the GRLAC and DPO.

6. A village-level small-scale development project activity proposal is developed by the GRLAC and discussed and approved by the DAC.

7. The volunteers make home visits to eligible couples who are potential family planning acceptors. They also:

- (a) Organise small scale development activities;
- (b) Arrange health programmes in the community in collaboration with local health authorities;
- (c) Organise religio-cultural activities;
- (d) Population education programmes for students in higher grades and school leavers;
- (e) Shramadana (self-help) programmes and other welfare activities;
- (f) Disseminate knowledge to neighbour villages;
- (g) Follow-up visits to ensure continuity of family planning practices; and
- (i) Gather the community when required.

Each volunteer has responsibility for about 10 families, and reports his/her activities each month to the DPO through the GRLAC. Field notebooks are maintained by volunteers for purposes of preparing the reports and are reviewed by the GRLAC at monthly meetings and during supervisory visits by the DPO.

Evaluation findings are supportive of the project. A RTSA/A assisted evaluation survey of 5 villages was conducted by the Evaluation Division of PPASL in August 1984, 1½ years after the initiation of village volunteer programmes in those villages. Eighty-two percent of eligible couples had been visited by the volunteers (the range was from 69% to 99%). Contraceptive prevalence had increased from 50% and below at the time of the baseline survey to over 80% in one village and 60% + in four villages. Of eligible couples who identified a source of motivation, 22% named volunteers (the range was from 17% to 36%). Anecdotal material indicated that couples who named other motivational sources had also been influenced

by volunteers. The findings also provide additional documentation of the popularity of traditional methods: the "safe period" was the most popular temporary method, and 37% of the eligible couples used traditional methods. The effectiveness of traditional methods will be studied by FHI; in the interim, the training and motivational activities of volunteers will need to acknowledge these findings and seek to improve existing knowledge about and practice of the "safe period" and perhaps attempt to remove attitudinal or other barriers that may impede acceptance of more reliable "natural" and modern temporary methods.

III. Project Goal and Objectives.

A. Goal: To extend and improve the output of the village volunteer component of the Community Managed Rural Family Health Programme of the Family Planning Association of Sri Lanka (FPASL).

B. General Objectives

1. To increase acceptance of temporary and permanent family planning methods by rural eligible couples.
2. To increase continuation of use of temporary family planning methods by rural eligible couples.
3. To achieve contraceptive prevalence of 80% at the end of two years in the villages served by village volunteers.
4. To increase the capability of FPASL's field operations managers to plan, manage, conduct, and monitor the training programme for volunteers.
5. To increase the capability of FPASL's field operations managers to use monitoring and evaluation data in planning, managing and monitoring the volunteer component, and in synthesizing FPASL-generated data to modify field operations.

C. Operational Objectives

1. to establish 750 village volunteer programmes:
 - a. establish, orient and follow-up 750 GRLAC's;
 - b. train and refresh 15,000 village volunteers;
 - c. orient 120 new DAC members, and
 - d. conduct annual progress review and planning workshops for 25 pairs of DAC chairpersons and secretaries.
2. To increase the training period of village volunteers to 5 days (3 days initial and 2 days refresher).
3. To increase the entry-level knowledge and skill levels of volunteers to the extent that 75% of each volunteer training group will obtain marks of 65+ on the initial and refresher post tests.

4. To increase the acceptance by rural couples of village volunteers as recruitment sources for family planning to the extent that 40% of couples interviewed will identify village volunteers as their recruitment source.
5. To identify attrition and retention levels of volunteers within the two-year village programme by following a 10% sample of volunteers trained in each of the three project years.
6. To identify post-programme activities of volunteers by following a 10% sample recruited and trained in the first year of the INTRAH-assisted project.
7. To conduct training needs assessment, to re-design initial and refresher training curricula and the pre and post test instruments to focus on priority learning and performance expectations of volunteers and volunteer performance data which will be reviewed annually by FPASL Headquarters' staff and DPO's.

F P A S L
Work Plan : FY 86

<u>Activity</u>	<u>Dates</u>	<u>No. of Participants</u>	<u>Venue</u>	<u>Consultants Trainers</u>	<u>Comments</u>
1. Identification of Training Needs: Initial Refresher Training	Dec. 7 - 8, 1985 (2 days)	15: 7 HQ Field Operations 5 DPO's 3 Vol. Leaders	Negombo Hotel or FPASL T.C.	1 INTRAH	Task analysis will have been completed by start of workshop
2. Curriculum Development Workshop	Dec. 9 - 16, 1985 (1 week) (6 days)	14: 7 HQ Field Operations 5 DPO's 1 HQ Asst. Eval. Director 1 HQ or District Medical Advisor	Negombo	1 INTRAH	2 Curricula will be produced: 1 for initial and 1 for refresher
3. TOT in Management	Jan. 11 - 24, 1986	14: 7 HQ Field Operations 5 DPO's 2 MOPI	Colombo (Hotel Brighton)	1 INTRAH	Preparation for 19 DPO's in management according to task analysis. A management curriculum will be developed.
4. Evaluation Follow-up	January 1986 (1 or 2 weeks)	4: 1 E.D., 1 Eval Chief and 2 participants from Chapel Hill Summer Course.	Bangkok	INTRAH	
5. DAC Orientation Programme	Feb. 8, 1986 (1 day) trav: 2 days	40	FPASL HQ Colombo	FPASL Staff	
6. GRLAC Orientation Programmes: 24 programmes	February 1986 (1 day each)	1,200 (50 per programme)	1 each per 24 districts	FPASL Staff	

FPASL

1986

<u>Activity</u>	<u>Dates</u>	<u>No. of Participants</u>	<u>Venue</u>	<u>Consultants Trainers</u>	<u>Comments</u>
7. Volunteer Initial Training (125 programmes)	Feb. - Apr. 1986 3 days each	5,000 (40 per programme)	Village-level	DPO's, local resource persons	
8. DPO Managers Training	May 1986 2 weeks	19 DPO's	FPASL Training Centre	1 INTRAH back-up FPASL staff and 5 DPOs and 2 MOPI	
9. Volunteer Refresher Training (125 programmes)	Jul. - Sep. 1986 (2 days each)	5,000 (40 per programme)	Village-level	Same as above	
10. GRLAC Follow-up Training: 24 programmes	June-July 1986 (2 days each)	1,200 (50 per programme) Same as activity 6	1 each per 24 districts	FPASL Staff	
11. Annual DAC Workshop: 5 workshops	Aug. - Sep. 1986 (2 days each)	50 (10 per workshop) Chair & Secy of DAC's	Regional Centres	FPASL Staff	
12. Annual Project Review	Sept 25-26, 1986 2 days	34: 10 HQ staff 24 DPO's	Colombo FPASL HQ.	Director of F.O/FPASL	Linked to monthly meeting of DPO's
13. U.S. Based Course in Training Management	May-June 1986 (6 weeks)	1 or 2 from Field Operations: Director and 1 other.	Boston, Mass.	MSH	
14. DPOs Management Refresher and Programme Planning	October 1986 (1 week)	24 DPO's	FPASL Training Centre	1 INTRAH 7 70 staff	Linked to monthly meeting
15. DAC Orientation	Feb. 1987 (1 day) trav. 2 days)	40	FPASL HQ	FPASL staff	

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FPASL
Work Plan - FY 87

Activity	Dates	No. of Participants	Venue	Consultants/Trainers	Comments
16. GRLAC Orientation Programmes: 24 programmes	Feb 1987 (1 day each)	1,200 (50 per programme)	1 each per 24 districts	FPASL staff	
17. Volunteer Initial Training 125 programmes	Feb -Apr. 1987 (3 days each)	5,000 (40 per programme)	Village-level	DPOs, local resource persons	
18. Volunteer Refresher Training: 125 programmes	Jul. -Sep. 1987 (2 days each)	5,000 Same as above	Village-level	Same as above	
19. GRLAC Follow-up Training: 24 programmes	June -Jul. 1987 (2 days each)	1,200 (50 per programme) Same as activity 16	1 each per 24 districts	FPASL staff	
20. Annual DAC Workshop: 5 workshops	Aug. -Sep. 1987 (2 days each)	50 (10 per workshop)	Regional Centres	FPASL staff	
21. Annual Project Review	end of Sept. 1987 (2 days)	34: 10 HQ staff 24 DPO's	Colombo FPASL HQ	Director of Field Op.	Linked to monthly meeting, of DPO's
22. U.S.-Based Course in Training Management.	May/June 1987	1 FPASL staff	Boston, Mass.	MSH	
		<u>FY 88</u>			
23. DPO's Management Update and Programme Planning	end of Oct. 1987 (1 week)	24 DPO's	FPASL Training Centre	FPASL HQ staff I INTRAH back-up	Linked to DPOs monthly meeting
24. DAC Orientation	Feb. 1988 1 day (trav. 2 days)	40	FPASL HQ Colombo	FPASL staff	

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FPASL
Work Plan - FY 88

Activity	Dates	No. of Participants	Value	Consultants/ Trainers	Comments
25. GRLAC Orientation Programme 24 programmes	Feb. 1988 1 day each	1,200 (50 programmes)	1 each per 24 districts	FPASL staff	
26. Volunteer Initial Training 125 programmes	Feb. - Apr. 1988 3 days each	5,000 (40 per programme)	Village-level	DPO's and local resource persons	
27. Volunteer Refresher Training: 125 programmes	Jul. - Sep. 1988 2 days each	5,000 (Same as above)	Village-level	Same as above	
28. GRLAC Follow-up Training: 24 programmes	June - July 1988 2 days each	1,200 Same as activity 25	1 each per 24 districts	FPASL staff	
29. Annual DAC Workshop : 5 workshops	Aug. - Sep. 1988 2 days each	50 (10 per workshop)	Regional Centres	FPASL staff	
FY 1989					
30. Annual Project Review and Review of Overall Findings (Dissemination Conference)	End of October, 1988 (1 week)	40 participants 10 HQ staff 24 DPO's 2 MOH/FHB 2 MOPI 1 USAID	Colombo	2 FPASL staff 1 INTRAB	
FINAL REPORT DUE TO INTRAB IN January 1989					

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V. EVALUATION PLAN

A. INTRODUCTION

The evaluation plan is designed to investigate and provide information on the following training and volunteer effectiveness issues:

1. The effectiveness of initial and refresher training on increasing entry-level knowledge and skills of volunteers.

2. The effectiveness of volunteers in motivating eligible couples to accept temporary and permanent methods of contraception, and to promote continuation of temporary method use.

3. The contribution of volunteers to increasing contraceptive prevalence.

4. The post-programme (after 2 years of FPASL-support) activities of volunteers.

5. The acceptability of the current volunteer profile to eligible couples.

B. Objectives of the Evaluation

1. To test the effectiveness of training on increasing the knowledge, attitudes and skills of the volunteers using pre/post test data.

2. To prepare a volunteer profile by using INTRAH bio-data forms.

3. To followup volunteer performance in recruiting and maintaining family planning acceptors through use of reports and sample surveys.

4. To assess the effectiveness of volunteers in recruiting and maintaining family planning acceptors and in increasing contraceptive prevalence through use of baseline and update surveys in 5 experimental and 5 control villages.

5. To assess the acceptability and effectiveness of volunteers as sources of family planning information and recruitment through interviews with eligible couples in 5 experimental villages.

C. Design

Evaluation will be conducted at four levels:

1. Pre and post tests of knowledge will be administered for initial and refresher volunteer training.

2. Pre and post tests of skills will be assessed to a random sample of volunteer training groups.

3. Baseline and update surveys will provide data on contraceptive prevalence levels in all villages.

4. Assessment of the volunteers' contribution to contraceptive prevalence will be made by comparing baseline and update data in 5 experimental and 5 control villages.

D. Data Collection

1. Volunteers:

a. Biodata forms will be administered.

b. Pre and post tests will be administered analysed and reported.

c. Participant reaction forms: Reaction questionnaires based on the translated version of the standard INTRAH forms will be introduced to evaluate the reaction levels of the trainees with respect to trainers, other trainees, method of presentation, training aids, training tactics and the facilities provided.

d. Job behaviour : Progress Report:

The ultimate objective of training is to teach/train trainees to apply the knowledge, skills and attitudes on the job and to produce results. The results include the conduct of the baseline survey, motivation of the eligible couples in modern contraceptive methods and organising health and development programmes. This information will be obtained through monthly progress reports filled by volunteer

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leaders.

Emphasis will be made on reviewing baseline and update surveys and monthly reporting forms in order to determine the progress of the programme, indicating the application of the training inputs in the field. This analysis will include:

- (1) contraceptive prevalence at the inception of the programme;
- (2) the contraceptive prevalence at one and two year intervals;
- (3) the details of shift of methods in relation to time; and
- (4) person hours spent by volunteers;
- (5) Retainment factor: Attempts will be made to follow all the volunteers who are trained at three points of time (after the 1st, 2nd and 3rd years) to determine retention and attrition and reasons for attrition of those who dropped out due to various personal factors and those who automatically stopped working due to the completion of the two year period of the projects.

Since performance regarding motivational efforts by the volunteers is to be obtained from the volunteer leaders' monthly progress reports, "currently active" volunteers would not be asked questions on this aspect but on their perceptions of the benefits obtained for the village by the presence of this programme, the aspect of the programme they enjoyed most (whether it is an exchange programme/home visits etc.) their expectations when they first joined as a volunteer and the fulfilment of these expectations, the reaction of the community members to their home visits and any unfavourable comments they would like to make regarding the programme.

In addition to the above questions the reason for dropping out will be obtained from those volunteers who are no longer active.

A special set of questions will be prepared for volunteers during the third year in order to find out if they are still engaged in any motivational work, whether they keep in contact with FPA officials, whether they are involved in special programmes (such as the volunteer development fund, welfare societies) and whether the knowledge and experience gained from this programme helped them to find a job.

2. Eligible couples:

In order to assess volunteer effectiveness the eligible couples in the experimental areas and control areas will be asked questions relating to contraceptive use patterns, reasons for not using, and who motivated them to use the method. The eligible couples in the experimental areas will also be asked questions regarding their assessment of the programme, the usefulness of the knowledge they gained, the usefulness of the programme to the village, and their perceptions of volunteer effectiveness and performance.

3. Other Health workers in the Project areas:

An objective of the programme is to enlist the co-operation of Government health workers. This group of health workers will in most project areas be government health workers such as Family Health worker and PHI. Officers in the experimental areas will be interviewed to find out how much they know about the FPASL programme, whether they obtained help from the volunteers in carrying out their tasks, whether the volunteers have requested help from them, their perceptions as to role of the volunteers in contributing to better health conditions in the villages, whether the presence of the volunteers made their tasks easier.

4. Sampling Scheme.

In each of 5 districts, one experimental and one control village will be selected. These villages will be followed over a period of three years. Experienced interviewers will conduct interviews with all eligible couples at four points in time: at baseline and at the end of the first, second and third project years.

Comparisons will be made among experimental villages to judge the effectiveness of volunteers in increasing contraceptive prevalence, the acceptability of volunteers as recruiters, and the contributions of volunteers to health and other improvement work in the villages. Contraceptive prevalence and the level of health and other activities in control villages will be measured and compared with data from the experimental villages.

In the experimental villages, in-depth interviews with the 100 volunteers will be held at the same four points in time as those which involve eligible couples. The interviews will be focused on performance, satisfaction, attrition/retention, and skill levels retained.

F. Dissemination of Findings

Findings of pre and post tests, baseline and update findings and findings from the experimental and control villages' interviews will be formally reviewed each year. These findings will be aggregated and analysed, and a final report will be prepared and distributed by FPASL.

In addition, monthly reports will be reviewed and discussed with DPO's, and pre/post test results and baseline and update findings will be used to modify training and supervision plans, as appropriate.

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G. SUMMARY

1. Pre and post test assessments of knowledge from all volunteer training events will be carried out, and copies of the assessment instrument, translated into English, along with all pre and post test scores identified by name of trainee, will be sent to INTRAH. Pre and post test assessment of skills will be conducted on a random sample of 10% of volunteer trainees.
2. Biodata forms will be collected for all trainees (both in training of trainers and training of volunteers) using English or Sinhalese versions of the INTRAH Biodata forms and all forms will be forwarded to INTRAH. FPASL must assure that identifying course numbers be placed on Biodata forms to correspond with a specific training event.
3. Participant reaction forms will be collected for all trainees (both in training of trainers and training of volunteers) using English or Sinhalese versions of the INTRAH participant reaction forms and all forms will be forwarded to INTRAH. FPASL must assure that identifying course numbers be placed on participant reaction forms to correspond with a specific training event.
4. Course description forms will be completed for all courses conducted by FPASL and those documents forwarded to INTRAH. FPASL must assure that identifying course numbers be placed on course description forms to correspond with a specific training event.
5. FPASL will carry out an intervention-control study of 5 areas in which the volunteer programme is in operation and in 5 areas where the volunteer programme is not in operation at the onset of the project and at the end of 2 and 3 years to compare contraceptive prevalence in these areas. Areas should be matched as nearly as possible on factors considered

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to be important to contraceptive prevalence and the sample should cover at least 200 eligible couples in each area.

6. FPASL will conduct a performance appraisal of all volunteers (100), and eligible couples' (1000 couples) perceptions of volunteer performance, in the 5 experimental areas. This performance appraisal should be designed by FPASL with the assistance of INTRAH and may be conducted any time in the second year of programme, or in the third year after the commencement of INTRAH support.

7. FPASL will conduct a follow-up assessment of a sample of 10 percent of the volunteers trained. Of those trained in the first year, a 10 percent probability sample will be followed-up at the end of the first year after training, the second year after training and the third year after training. In every case, this will be the same 10 percent. Of those trained in the second year a 10 percent probability sample will be followed-up at the end of their first year after training and at the end of their second year after training. FPASL will readminister the biodata form and the post-test and forward results to INTRAH.

8. Annual reviews of monitoring and evaluation data will be held. The final review will, in addition, provide aggregated and comparative data which will be analysed and discussed in the final evaluation report to be submitted to INTRAH at the conclusion of the project.

9. FPASL is urged to carry out any other evaluation of the training programme that they will believe appropriate or supplementary to the evaluation as requested by INTRAH.

VI. B U D G E T

Estimates in Rupees

<u>ACTIVITY</u> <u>TITLE</u>	<u>PER</u> <u>DIEM</u>	<u>TRAVEL</u>	<u>TNG</u> <u>Supplies</u>	<u>Resource</u> <u>Persons</u>	<u>RUPEE</u> <u>TOTAL</u>
entification of training needs; initial and refresher training (days)	15,000	3,000	600		18,600
Curriculum Development Workshop (days)	42,000	1,000	560		43,560
Training of Trainers in Management (2 weeks)	100,800	2,400	480		103,680
Situation Follow-up (weeks in Bangkok)	68,040	36,000			104,040
District Action Committee Orientation Programme (1 day)	14,400	8,000	600	2,100	25,100
Basic Roots Level Action Com- mittee Orientation Programme (4 programmes, each for 1 day)	90,000	60,000	18,000	10,800	178,800
Volunteer Initial Training (25 programmes each for 3 days)	468,750	450,000	75,000	62,500	1,056,250
District Project Officer Manage- ment Training (2 weeks)	93,100	3,800	475	42,000	139,375
Volunteer Refresher Training (25 programmes each for 2 days)	312,500	375,000	75,000	112,500	875,000
LAC Follow-up Training (4 programmes for 2 days)	180,000	60,000	18,000	21,600	279,600
Annual DAC Workshop (programmes for 2 days)	27,000	5,000	750	4,500	37,250
Annual Project Review (2 days)	24,000	4,800			28,800
S. Based Course in Training Management (6 weeks)	F U N D E D F R O M C H A P E L H I L L				
Project Management Refresher and Programme Planning (one week)	50,400	4,800	360		55,560
DAC Orientation Programme(1 day)	14,400	8,000	600	2,100	25,100
LAC Orientation Programme (4 programmes for 1 day)	90,000	60,000	18,000	10,800	178,800
Volunteer Initial Training (25 programmes for 3 days)	468,750	450,000	75,000	62,500	1,056,250
Volunteer Refresher Training (25 programmes for 2 days)	312,500	375,000	75,000	112,500	875,000
LAC Follow-up Training (4 programmes for 2 days)	180,000	60,000	18,000	21,600	279,600

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Estimates in Rupees

<u>ACTIVITY TITLE</u>	<u>PER DIEM</u>	<u>TRAVEL</u>	<u>ENG Supplies</u>	<u>Resource Persons</u>	<u>Other Direct Costs</u>	<u>TOTAL</u>
Annual DAC Workshop (5 programmes for 2 days)	27,000	5,000	750	4,500		37,250
Annual Project Review (2 days)	24,000	4,800				28,800
FUNDING FROM CHAPEL HILL						
U.S. Based Course in Training Management (6 weeks)						
PO Management Up-date and Programme Planning (one week)	50,400	4,800	360			55,560
AC Orientation Programme (1 day)	14,400	8,000	600	2,100		25,100
RLAC Orientation Programme (44 programmes for one day)	90,000	60,000	18,000	10,800		178,800
Volunteer Initial Training (125 programmes for 3 days)	468,750	450,000	75,000	62,500		1,056,250
Volunteer Refresher Training (125 programmes for 2 days)	312,500	375,000	75,000	112,500		875,000
RLAC Follow-up Training (24 programmes for 2 days)	180,000	60,000	18,000	21,600		279,600
Annual DAC Workshop (5 programmes for 2 days)	27,000	5,000	750	4,500		37,250
Annual Project Review and Review of overall Funding (one week)	72,000	4,800	360			77,160
<u>valuation</u>						
Printing of forms					20,100	20,100
Interviewer payments					131,650	131,650
Travel					44,300	44,300
Coding/Editing Costs					18,060	18,060
Computer time					15,000	15,000
<u>Educational Materials</u>						
Training Kits					12,000	12,000
Volunteer Guide Books					165,250	165,250
FPASL Badges					93,750	93,750
FPASL Certificates					31,250	31,250
<u>communications</u>						
Cables					8,100	8,100
Shipment - Eval Forms					21,000	21,000
Postage					360	360
3,817,690	2,944,220	565,245	684,000	552,020	8,563,155	

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