

MANAGEMENT STRATEGIES FOR IMPROVING FAMILY PLANNING SERVICE DELIVERY

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Case Scenario

The Family Planning Training Institute Looks at the Impact of its Work

Assessing the Impact of Training on Staff Performance

Editors' Note

Throughout the world, family planning organizations devote a significant portion of their funds and staff time to training, with the expectation of improving the effectiveness and efficiency of their programs. But it is often not clear whether the training has made any difference, or whether specific performance problems can be solved through training.

Given the considerable allocation of scarce resources to training, family planning managers need to regularly ask if their training efforts are giving them the results they want. Managers need to understand which parts of a training program are effective, which are ineffective or irrelevant, and how the training might be improved to help staff transfer their new skills from the classroom to the workplace.

This issue of *The Family Planning Manager* introduces Training Impact Evaluation (TIE), a process designed to help managers identify and strengthen the links between training and staff performance. The issue describes the benefits of conducting a Training Impact Evaluation using a team approach and takes you step-by-step through the TIE process. The issue also offers practical suggestions for collecting, analyzing, and interpreting data on trainee performance in the workplace. It concludes with suggestions for ways that managers can use the information to make recommendations to decision makers, to improve training courses, or to seek management solutions to performance problems.

—The Editors

The Family Planning Manager

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Understanding Training Evaluation

Providing training to staff has many costs: the cost of resources involved in preparing and giving the training, the cost to participating organizations in travel and lodging, and the cost of staff being away from the workplace. To justify these costs, managers need to feel confident that the training they are providing, or asking their staff to attend, will make a difference in staff performance. They need to know that staff members have not only acquired new knowledge, attitudes, and skills from the training but can, and do, put them into practice back on the job.

There are many kinds of evaluation involved in developing and managing a high-quality training program which will ensure the results that managers need. These include:

- Needs assessments;
- Baseline evaluations;
- Input evaluations;
- Process evaluations;
- Outcome evaluations;
- Impact evaluations (which are used to evaluate individual job performance, organizational performance, program performance, and demographic health indicators).

Training organizations or training programs within a larger organization most commonly evaluate baseline knowledge, attitudes, and skills (KAS), and conduct input, process, and outcome evaluations. Needs assessments are done infrequently and are generally conducted for the purpose of designing a new course or for a large-scale, ongoing course. Often, years after an initial needs assessment, the same course is still given, even though changes in the environment would suggest that a new needs assessment be conducted or that the course be revised. An impact evaluation, in spite of its importance, is rarely conducted.

Focusing on the impact of training on individual performance.

The desired long-term impact of training is to improve organizational and program performance and, ultimately, to contribute to the achievement of national demographic and health goals. It is difficult to demonstrate a direct link between training and these long-term results because of the many factors other than training that are involved. However, it is possible to demonstrate the impact of training on staff skills and performance. For this reason, TIE focuses on the first level of impact—job performance of trainees—with the assumption that good individual performance will lead to strong organizational and program performance and better client services, and eventually make a significant contribution to the achievement of desired demographic and health goals.

If the connection between job performance and training is so important, why have organizations resisted evaluating the effect of training on job performance? There are many reasons for this: the costs

of conducting such an evaluation are rarely covered by donor-supported projects; managers and staff of training and service delivery organizations often do not have the skills to undertake this type of evaluation; many organizations are reluctant to uncover organizational deficiencies; and managers are often intimidated by the time and money required to remedy these deficiencies. Both service delivery and training organizations often find it easier to keep doing what they have always done. As one trainer commented, “We’re so busy *doing* the training, we don’t have time to think about changing it! After a while it becomes routine.”

TIE attempts to address these concerns. The core of this issue provides a detailed description of the TIE process. It offers practical techniques for implementing each step of the process, from identifying performance standards to instituting training, organizational, or environmental changes. In addition to describing the steps of the process, the issue discusses the feasibility and value of internal,

participatory evaluation, and concludes with ways in which you can follow up on and maintain the TIE process.

The guest editors of this issue are Ann Buxbaum, Sylvia Vriesendorp, and Ellen Eiseman. Ann Buxbaum is Senior Program Associate in the Population Program at Management Sciences for Health (MSH). Sylvia Vriesendorp is Senior Trainer and Organizational Development Specialist for the Family Planning Management Development project at MSH, and Ellen Eiseman is Training Programs Advisor at AVSC International. The editors would like to acknowledge six family planning organizations in Bangladesh for their participation in developing and field-testing this methodology. Many of the examples in the issue are drawn from their mutual experience. These organizations are: AVSC International/Dhaka, Concerned Women for Family Planning, the Family Planning Association of Bangladesh, the Family Planning Service and Training Centre, Pathfinder International/Dhaka, and The Asia Foundation.

Types of Training Evaluation

There are many ways that managers and staff can evaluate training. This *Family Planning Manager* focuses on one level of impact evaluation—individual job performance as a result of training.

Type of Evaluation	Purpose
Needs assessment	To identify the knowledge, attitudes, and skills (KAS) needed for acceptable job performance
Baseline evaluation	To determine the trainees’ levels of KAS before training
Input evaluation	To assess the elements associated with the training: costs, selection of trainers and trainees, curriculum plans, venue, materials
Process evaluation	To conduct assessments periodically during the training, and adapt the schedule, content, or approach accordingly
Outcome evaluation	To assess new or improved KAS after training
Impact evaluation	To determine the effect of the training on: <ul style="list-style-type: none"> • <i>individual job performance</i> (on-the-job application of new knowledge, attitudes, and skills; work that meets or surpasses professional or organizational requirements) • organizational performance (quality of services, client satisfaction) • program performance (use of modern contraceptive methods, couple-years-of-protection) • regional or national demographic and health indicators (decreases in birth, fertility, infant mortality, and maternal mortality rates)

Using Internal Resources to Conduct the Evaluation

When organizations consider conducting an impact evaluation, they often turn to outside experts in the belief that only outsiders can provide the unbiased, objective expertise that produces credible results. But many managers have learned that external evaluation does not guarantee appropriate recommendations, partly because outsiders cannot always grasp the realities of the workplace and the related training needs of a particular organization in the short period of time that they are given to conduct the evaluation.

There is growing support in the evaluation community for participatory evaluation which allows stakeholders to assess their own achievements (Feuerstein, 1993), drawing on special external expertise (for example in sampling) only when necessary. In the training business, the key stakeholders include the managers and staff of the training organization or program, and the managers and staff of the organizations that send their staff to be trained. Evaluating a training program through a participatory process that includes representatives from both organizations has several important benefits:

- **Internal evaluation costs less than hiring outside experts.** As funding agencies cut back on their support, organizations will have to draw on their own funds for evaluation.
- **When trainers participate in impact evaluations, they become familiar with their trainees' working conditions.** Training organizations can also use the results from the TIE to design future training courses.
- **TIE can be incorporated into routine supervision and monitoring.** Service delivery organizations can institute regular, focused, small-scale evaluations to explore reports of problems encountered in the field or to confirm that specific elements of a course have succeeded and should be duplicated in other courses.
- **Organizations that send staff for training gain a better understanding of what training can and cannot do.** They can use this information to clarify their expectations for

future training events.

Forming an Internal Evaluation Team

The evaluation team should include representatives from the training organization or training program and the service delivery organization (or organization receiving the training). If possible, one or more trainees should be on the team so that their perspective and experience can be taken into account during the process. If you decide to include an expert whose skills are considered essential to a particular aspect of the TIE process (for example, a statistician), that person's role and responsibilities should be clearly spelled out to the satisfaction of every team member. This clarification will ensure that the process remains in the control of the participating organizations.

This cross-organizational team is particularly valuable when the evaluation uncovers the need for improvements in either organization. If both the training and service delivery organizations have participated in the entire TIE process and agreed on the objectives and eventual recommendations, they will be far more likely to accept the suggestions and make worthwhile changes. If time or distance do not allow a close working relationship between the two organizations, either organization may have to conduct the TIE on its own. This presents some risk in that the non-participating organization might not fully accept the findings and recommendations. But if every step of the process is well-documented and the other organization is kept informed, the risk can be minimized.

Conducting a Training Impact Evaluation

You may want to conduct a TIE to:

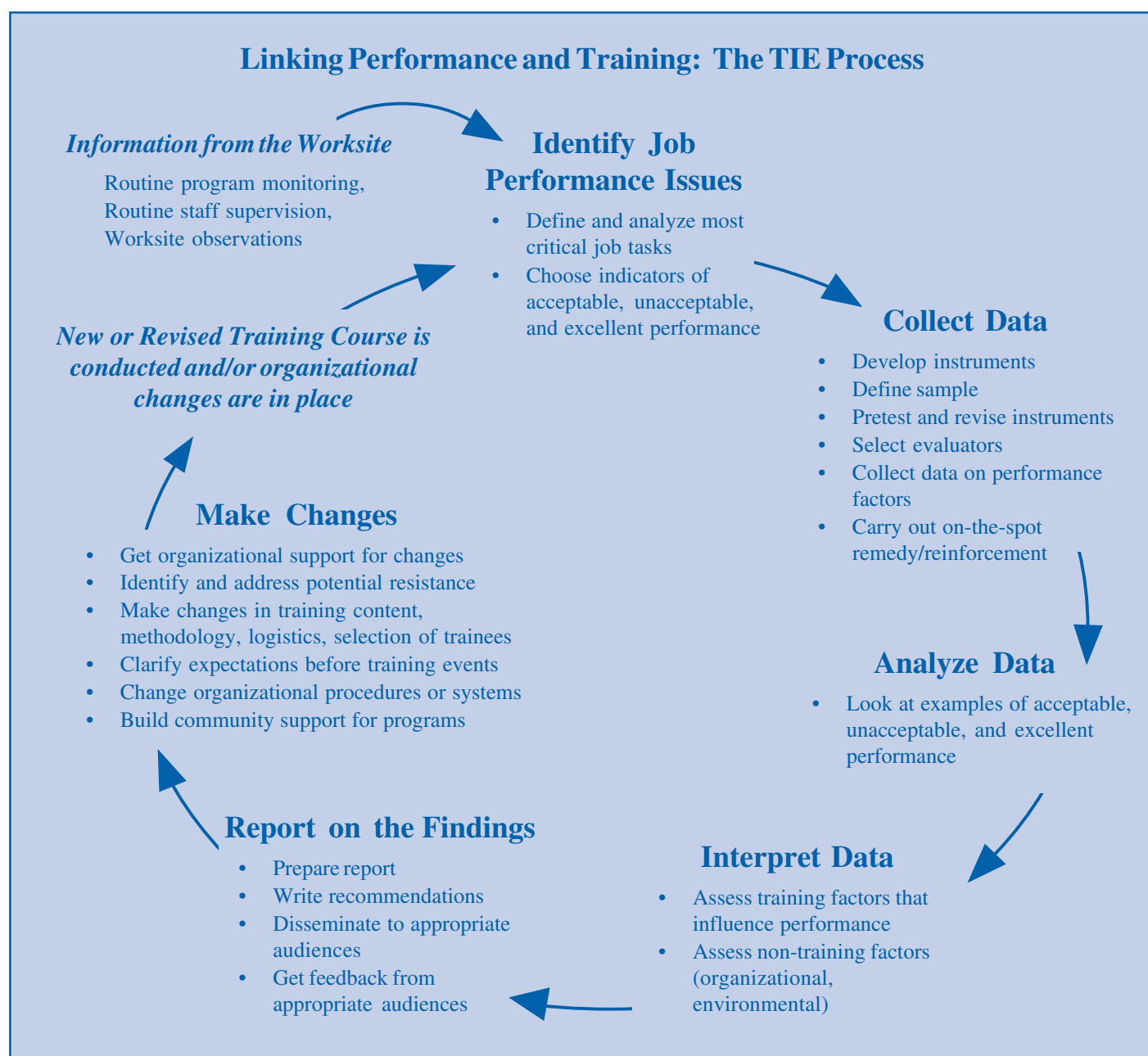
- Assess a new training course to see whether it has fulfilled expectations;
- Evaluate an existing course whose effectiveness may have diminished over time, such as when there have been considerable changes in the external environment;
- Identify tasks or topics for which refresher training is required;
- Respond to doubts about the usefulness of a particular training course expressed by an organization that has sent staff to be trained;

- Address concerns about job performance that have been raised through routine monitoring of field activities, staff supervision, or other worksite observations.

When one or more of these reasons exist, TIE can be initiated by any stakeholder: the manager of either organization, trainers, supervisors of trained staff, or program officers. The process will work most smoothly if the members of your TIE team represent the perspectives of all interested parties. The team members should familiarize themselves with the content and methodologies of the training program or course being evaluated, and with the general

requirements of the trainees' jobs. They can set the stage for their work by discussing the reasons for undertaking the TIE, clarifying their expectations, and soliciting support from their organizations.

To do a thorough training impact evaluation, you need to follow all the steps of the TIE process. The TIE process is a cycle that continuously links job performance with training. Before beginning the cycle, you should gather and review performance information from the worksite, usually from supervisory or monitoring reports. This information suggests performance areas for the evaluation.



Step 1:

Identify Job Performance Issues

The first step of the cycle, identifying performance issues, should begin several months after the course has been given. This step has two intended outcomes:

- developing a clear understanding of key job-related tasks;
- agreeing on indicators of acceptable, unacceptable, and excellent performance for each task.

Defining Key Job-Related Tasks

To begin the TIE process you will need to decide which performance areas to focus on in the evaluation. To do this, you should:

- Review the job descriptions of staff that have been trained to identify their primary responsibilities. It may be necessary to create, update, or revise job descriptions.
- List any other key tasks that are not included in the job descriptions but are considered important by supervisors and managers. Highlight any tasks where the quality of trainees' performance has been widely questioned.
- Look back at the training course objectives and content and make a list of all the tasks that were covered in the course.
- From this list of tasks, choose up to five that are most critical to the performance of these trainees.
- Analyze each of the five tasks and identify the professional or organizational norms and expectations for acceptable performance; the key elements without which the task cannot be carried out effectively; and the knowledge, attitudes, and skills required to do the tasks.

It is useful to make a separate list of the important tasks that were *not* covered in the training course, so that you don't assess performance of these tasks during this TIE activity. Both organizations may want to return to this list later to determine whether these tasks are covered in another course, are taught by the service delivery organization either in the classroom

or in the field, or are not systematically taught at all and may need to be incorporated into future courses.

Choosing Indicators and Setting Standards

Once the main tasks of a trainee's position have been specified, you need to select indicators. Indicators are measurable or observable evidence that a trainee is doing the tasks for which she/he was trained. The indicators answer the question, "What would we see or hear at the worksite that would show that the trainee was meeting the requirements of this task?" In order to answer this question for each task, you and your colleagues need to list all the evidence of acceptable performance you can think of, based on the performance norms and guidelines identified during the task analysis. Then, for each task, select two measurable or observable indicators that you think provide the most convincing evidence of acceptable performance.

Each indicator should meet specific, precise standards or levels of performance that conform to organizational expectations. These standards are often expressed as a number or percentage, such as the number of correct answers required on a test, the percentage of procedures performed correctly during a clinical or counseling session, or the number of client visits during which a trainee offers a specific service. For each indicator, you will need to identify the standards—the range within which performance is considered to be acceptable, below which performance is unacceptable, and above which performance is considered to be excellent. The chart on the following page shows some examples of selected indicators and standards.

Step 2:

Collect the Data

After you have agreed on the indicators and standards for acceptable, unacceptable, and excellent performance, you are ready to collect data that will show the extent to which the trainees' performance conforms to the indicators and standards. To do this, you will need to:

Sample Indicators and Standards

Task	Indicators	Standards
For fieldworkers: Referral for family planning and MCH services	Trained field worker refers more clients for clinic services than before training.	At least 15% more clients referred in six months since training than in prior six months.
For supervisors: Staff development	Trained supervisor provides more effective on-the-job assistance on supervisory visits than before training.	Regularly schedules and conducts group discussions on issues of concern to supervisees.
For managers: Resource mobilization for sustainability	System in place for collecting service charges.	At least 50% of all clients pay service charges

- develop instruments for collecting the data;
- pretest and revise your instruments;
- define your evaluation sample;
- select and prepare evaluators;
- collect the data.

Developing Instruments

There are many sources of data on employees' job performance and several ways to obtain this data. You should choose the most appropriate techniques and instruments for each indicator, based on what you are trying to learn and what resources you have available. The basic techniques are interviews (with trainees, clients, supervisors, or managers, either individually or in a group), tests (given to trainees), observations (of trainees who are usually interacting with real or simulated clients), and document review. After choosing the techniques that best serve your evaluation needs, you will be ready to design the appropriate instruments: an oral or written questionnaire, a test form, an interview guide, and/or a checklist.

Whatever instruments you choose, they must be valid and reliable. A **valid** instrument accurately measures what you want it to measure. *For example, to test the ability of trainees to insert intra-uterine devices correctly, a valid measure would be to watch*

the trainee perform the procedure on a real client or a model rather than to recite the steps of the procedure. The validity of the observation might be well worth the extra time it would take.

A **reliable** instrument will yield the same or similar data even if it is administered by different people, as long as they have been given the same training in its use. It will also prove consistent over time if the training has not changed between the first and second evaluations. *For example, if one evaluator determines from a simulation exercise that the trainee respects the client's right to privacy and another evaluator concludes the opposite, the instrument is not a reliable measure of the trainee's behavior.*

As you design the instruments, you will want to avoid some common problems. Some instruments are too long for the evaluators to administer easily. Be sure you keep your instruments as brief as possible, including only the items needed to acquire the data you are seeking. Be sure there are clear and precise instructions for using the instrument. Some instruments can be hard for the respondent to understand. Use simple words that have only one meaning. If the respondent's preferred language is different from yours, be sure that the items have been translated correctly into their language.

Evaluation Techniques and Instruments

Evaluation Technique	Type of Instrument	How It Is Administered	What It Evaluates	Advantages	Disadvantages
Interview (individual or group)	Questionnaire	Written or oral Self-administered	Attitudes Opinions Reported experience and practices	Easy to administer Can be given to large groups Can generate qualitative or quantitative data Answers can be clarified and expanded Sensitive topics can be probed	Can be costly and time-consuming No assurance that questions are understood Respondents must be literate to complete self-administered questionnaire Respondents may say what they think evaluator wants to hear Questions can reflect biases of evaluators Requires thorough training of evaluators Difficult to analyze data
Test	Form or questionnaire	Written or oral	Knowledge Skill	Low cost Easy to administer Can be given to large groups Easy to analyze responses.	Respondents must be literate for written test May not accurately reflect skills or actual behavior on the job May be threatening to respondents
Observation	Guidelines Checklist	Watching and recording (actual performance, simulation, role play, videotape, etc.)	Skill Performance Attitudes	Can show actual behavior Generates qualitative and quantitative data	Costly and time-consuming Requires thorough training of evaluators Can induce behavior changes at time of observation
Review of documents	Checklist Questionnaire	Review of records (client and staff records, service statistics forms, critical incidents file)	Performance Compliance with legal or professional requirements	Convenient Avoids burdening staff with extra demands during visit If accurate, will yield objective data	If records are handwritten, may be hard to read May be incomplete, inaccurate, or overly generalized Files may be poorly organized and impede search for relevant documents Medical records may need to be read by an expert

Pretesting and Revising Instruments

Even when instruments have been designed carefully, there will be surprises when they are used for the first time. Questions and procedures that seemed absolutely clear sometimes can confuse or bring anxiety to the person being interviewed. The best way to reduce unpleasant surprises is for members of the evaluation team to pretest the instruments with a small group of trainees, preferably at more than one site. The pretest can provide the basis for revising instruments—and, occasionally,

indicators or standards. The pretest should duplicate as closely as possible the arrangements that will be made for the actual TIE: careful scheduling, letters to the sites, and introductory explanations that explain the TIE to the project directors, trainees, and others who may be involved.

If it can be arranged, you should work in pairs during the pretests, just as you will during the final TIE. This will allow one person to concentrate on answers and pick up on interesting comments or visual cues without having to slow down the process

How to . . .

Design an Effective Evaluation Instrument

1. Answer the following questions to choose the best methodologies and instruments for your purposes:
 - Which methodologies best show whether the performance specified in this indicator is present or absent, and the extent to which standards of acceptable, unacceptable, and excellent performance are met?
 - Can you design one of your instruments to address more than one indicator?
 - What guidelines and training will the evaluators need in order to administer the instruments effectively?
2. Develop a recording form that lists the basic questions to be asked or behaviors to be observed and provides plenty of room to write responses or observations. Include spaces for the name and position of the trainee, the evaluation site, the date of the evaluation visit, the name and dates of the training course, and the name of the evaluator.
3. Pretest the instrument with several trainees. Review responses to see if you are getting the kind of information you need. If possible, have more than one evaluator use the instrument and compare experiences and results.
 - Did the pretest confirm that the indicators show acceptable, unacceptable, or excellent performance?
 - Is every item on every instrument valid and reliable?
 - What items should you revise? Decide whether you need to re-test the item.
 - Were the evaluators able to administer the instruments as intended? If not, what additional guidelines or training do they need?
 - Was enough time available for travel and activities at the site?
 - Did the opening comments explain the TIE process, convey the desired messages, and create a non-threatening atmosphere?
 - Was privacy respected during tests, interviews, and observations?
 - Did the evaluators find the recording forms convenient?
4. Revise and re-test until you are sure that each instrument tells you what you need to know.

by writing. It will also help to confirm observations and impressions.

Because pretesting adds to the cost of impact evaluation and takes valuable time, it is often omitted. But the pretest is important, because if the instruments are not designed well, they will not yield credible data, the analysis and interpretation of the results will be flawed, and any conclusions and decisions about training or organizational support will be questionable. To reduce the cost in staff time and money without compromising the learning opportunity, you should seek ways to combine this pretest with other organizational activities.

Defining Your Sample

Choosing the right number of trainees to be evaluated illustrates the dilemma between practicality and rigor. Although everyone agrees that “more trainees would be better,” the question you must ask is, “How many trainees will be enough to establish generalizable results?” Therefore, to carry out a TIE, you will need to define a **sample**, a representative subset of persons drawn from all the trainees who have recently received training. If your sample is well designed, you can be reasonably sure that what you learn from testing, interviewing, or observing the people in the sample reflects very closely what you would learn from the whole population of trainees. There are four factors to consider in deciding how large the sample should be.

Size of the trainee population. The larger the number of trainees you are evaluating, the more people you will have to include in your sample. For the purposes of a TIE, it is usually not necessary or practical to use a statistical formula, but you can determine the size of your sample by referring to the following table.

Trainee Population Size	Sample Size
50 or fewer	At least 50%
51 to 100	35% to 50%
101 to 200	20% to 35%
More than 200	10% to 20%

Variations within the trainee population.

Differences in the characteristics within a population that might affect evaluation results are called **variables**. If you think there are variables in the trainees that might affect job performance, you need to be sure that the sample includes a reasonable number of people with each of these variables. This can be achieved through **stratified sampling**. To stratify your sample:

- Decide what you think are the most important characteristics or variables that could affect a trainee’s performance after a training event (*gender, geographic location, educational level, socio-economic status of the community where they work, type of work, working conditions, age, ethnicity*);
- Determine what proportion of the total trainees reflect each variable. Then define a separate sample for each variable, using the table above to establish the size of each sample. This will enable you to compare the performance of the trainees who represent contrasting variables (for example, male/female, rural/urban).

Because stratified sampling requires you to prepare a separate sample for each variable you identify, it can greatly increase your total sample size. Thus, you will want to pick only variables that the TIE team considers very likely to make a difference in job performance. If the number of trainees being considered is small, it may not be practical to stratify it, since each sample will be too small to yield valid and reliable data.

Precision. The level of precision you need from an evaluation depends on how important it is to identify very small effects that could be generalized to a larger context. Because TIE looks at human behaviors, it cannot be as precise as some studies in the basic sciences, but the sample must be large enough to convince an objective observer that the results are worth acting on. *Remember that the main purpose of a TIE is to show in a broad way whether people who have been trained are doing what they were trained to do, and, if not, to uncover possible causes and suggest corrective action.*

Choosing a Sample of Appropriate Size and Variation

The following example illustrates how to choose a sample that reflects the variation existing in the total population of trainees.

If field reports suggest that trainees who work for different organizations have very different working conditions that affect their performance, you could prepare a sample for each organization. If 215 trainees work for three organizations (127 people for Organization A, 58 people for Organization B, and 30 people for Organization C), you would refer to the table “Choice of Sample Size” and define three samples: at least 25 (20%) for Organization A, at least 20 (35%) for Organization B, and at least 15 (50%) for Organization C. If a fourth organization had sent only a few trainees to the course, you could either visit everyone in that group or eliminate it from the evaluation, depending on your judgment of how different those trainees were from those of the other organizations.

Feasibility. In designing your study, you may need to compromise the generalizability of future results in order to achieve a study design that is feasible given your time and resources. What is important is to define a sample that comes as close as possible to the recommended sample size, represents the important variables present in the trainee population that may relate to your evaluation, and can be carried out with available resources. Dr. Scholl, an expert whose work has focused on evaluating training in Asia, Africa, and Latin America, supports this view when he states that if the “statistically minimal sample size is greater than what can be feasibly or affordably carried out, training evaluators may need to compromise by using a smaller sample size and accepting results that may still be useful, even if they cannot be used to establish ‘statistically’ valid conclusions.”

You can balance the need for precise results against feasibility by defining a sample that comes as close as possible to the recommended sample size, represents the important variables in the trainee population that may relate to their performance, and allows you to conduct the evaluation with available resources.

Determining Your TIE Sample

Answering the following questions will help you determine your TIE sample.

1. How many training events are you considering for this TIE? (*For example: Only the last course? All courses given during the past year? All courses given since the beginning of this type of training? Some other group of courses?*)
2. How many people participated in the training event or events you are evaluating?
3. According to the table on page 10, about how many trainees should you include in your TIE sample?
4. What are the main characteristics or variables that differentiate the trainees from each other and which of these variables do you consider most likely to affect their performance?
5. How many trainees represent each variable? How many will you need to include in a stratified sample for each variable?
6. What resources will it take for evaluators to evaluate the recommended sample of trainees?
7. How can you combine the TIE process with routine organizational activities or find other ways to make the most efficient use of the resources available for TIE field visits?
8. Considering your responses to questions 1 through 7, what is the largest feasible sample of trainees you can cover in this TIE?

Selecting and Preparing Evaluators

Even well-designed instruments can yield poor data if the evaluators do not administer them carefully and use good judgment that is as unbiased as possible. To help maintain objectivity, it is useful to have the evaluators work in pairs—with one person from the training organization or program and one from the service delivery organization. Where cross-organizational collaboration is not possible, each organization should work with its own evaluators and create an atmosphere in which honest evaluations are expected and welcomed. A participatory TIE can work only if each organization wants to learn the truth and to use the TIE findings to provide better family planning services.

Once you have chosen evaluators, you should train them by giving them some practical experience in administering each instrument before beginning the evaluation. For tests, questionnaires, observations, reviews of records, and closed-ended questions on interviews, the evaluators should be able to follow the instructions exactly and not inject their own ideas into the interaction. When an interview includes open-ended questions, the evaluators' training must include techniques for probing, or helping a respondent move beyond the initial response and express his or her views in more depth. The evaluators must also be trained to record their information carefully and promptly, to handle the logistical and interpersonal requirements of a TIE visit, and to deal tactfully and effectively with unexpected situations.

One special situation may arise when evaluators are observing a trainee in the work environment. If they see the trainee doing a procedure incorrectly or giving inaccurate information to a client, their role as neutral observers may be difficult to maintain. In situations where improper adherence to standards could have serious health consequences, such as

standards for IUD insertion or aseptic procedures, the evaluators should follow their professional ethics and ask for on-the-spot correction. When they intervene, they should make a note on the reporting form of the circumstances and the way in which they intervened.

Collecting the Data for the TIE

When your evaluators have been trained to use the instruments, they are ready to collect the TIE data. Your main concerns at this point will be logistical, such as finding opportunities to economize by combining the TIE with other organizational site visits (particularly routine supervisory or monitoring visits), scheduling visits so that people can be seen during their regular work day, and informing site managers of the evaluators' needs well before the day of the visit. The box on the next page provides some suggestions on how to plan and organize the data collection process.

After each data-collection visit, you should ask the evaluators and clinic managers at each site the following questions to ensure that the plans were adhered to:

- Was enough time available for travel and activities at the site?
- Did the opening comments convey the desired messages and create a non-threatening atmosphere?
- Was privacy respected during tests, interviews, and observations?
- Did the evaluators find the recording forms easy to fill out?
- Was the debriefing with the staff at the end of the visit informative and accurate?

If the answers to these questions reveal any trouble spots, discuss the problems immediately and make any needed adjustments in the procedures for later visits.

Plan and Organize the Data Collection Process

Before making your first data-collection visit, you will want to:

1. Review the sample and plan the number, sequence, and distribution of visits.
2. Working with the evaluators, use the experience from the pretest and practice to decide how much time the evaluators will need for each visit. Include travel, briefing, interviews, tests, observations, review of records, recording of data, and debriefing. (It is wise to overestimate the amount of time needed to allow for unexpected complications and avoid having to rush through important parts of the visit.)
3. Use the information in items 1 and 2 to draw up a schedule with each evaluator.
4. Contact the clinic managers at each site. The letter should include such details as the:
 - purpose of the TIE visit, the main events, and who will be coming;
 - proposed date, starting time, approximate ending time, and general schedule of the visit;
 - numbers, types, and names of people to be seen, with the time needed for each;
 - physical and logistical arrangements needed (space, privacy, equipment, supplies, records, transportation).
5. Specify the means (letter, fax, telephone, e-mail, etc.) by which the clinic manager should confirm these details, or propose alternatives, and a date by which you expect to receive a response.

Step 3:

Analyze the Data

The purpose of analyzing data is to uncover categories and patterns in the raw data that, when organized, reveal information that is useful to you. To do this, you will need to group the data so that you can analyze and summarize it. If you are evaluating a large sample of trainees, you may want to obtain the help of a statistician and use a computer and a statistical software program. But for most TIEs, you can perform simple analyses without a computer.

Tabulating data. You should begin by tabulating the data at each site and for each indicator by adding up the data for all the people who were tested, observed, or interviewed, and calculating the percentages of the total number of people in the sample who performed acceptably, unacceptably, or excellently according to the standards for that indicator. *For*

example, the tabulation might reveal that six out of seven fieldworkers at Site Y (85.7%) were carrying out home visits according to their work plans as they had been trained. One of the six was actually assisting other fieldworkers in using their work plans.

Aggregating data. You can then aggregate the data from all sites visited to find the overall percentage of acceptable performance. *For example, your aggregated data might show that interviews at 11 sites with 11 supervisors trained during the past year, as well as with their six project managers and 16 fieldworkers whom they supervise, revealed that five of the supervisors (45.5%) regularly provide feedback to their supervisees and follow up on whether or not their recommendations have been carried out as they have been trained to do.*

The following sample summary report form provides a useful tool for presenting the tabulations.

Sample Summary Report Form for Fieldworker Observation

Observation	Acceptable Standard	Number of Observations Meeting Standard	Percentage of Total Observations	Comments
Fieldworker introduced herself	100% must introduce self	Yes: 30 No: 5	85.8% 14.2%	Two fieldworkers did not give their names clearly. Three did not give names.
Fieldworker described family planning methods to client	At least 6 methods are described	Yes: 32 No: 3	91.4% 8.6%	No comments.
Fieldworker offered family planning methods	At least 6 methods are offered	Yes: 25 No: 10	71.4% 28.6%	In very busy clinics, fieldworkers tended to offer three or fewer methods.
Fieldworker explained where methods could be obtained	The source of supplies is explained for all methods offered	Yes: 28 No: 7	80.0% 20.0%	Two fieldworkers did not explain the source of the methods. Five were unclear in their explanations.
Fieldworker correctly explained advantages and disadvantages of each method offered	The advantages and disadvantages are correctly explained for all methods offered	Yes: 28 No: 7	80.0% 20.0%	One fieldworker was misinformed about several methods. Six fieldworkers made errors in explaining one or two methods.
Fieldworker showed IEC and teaching materials	One IEC item is shown for each method described	Yes: 26 No: 9	74.3% 25.7%	One fieldworker did not show any materials. Eight did not show material for several methods that they described.
Client chose a method	Client indicates which method she/he would like	Yes: 28 No: 7	80.0% 20.0%	Two clients wanted more time to think about the methods offered. Three wanted to consult with their spouses. Two were not interested in any method.

Cross-tabulations. After aggregating the data, you can develop cross-tabulations that describe relationships between two different variables across the data sets. *For example, the cross-tabulation below is between fieldworkers' observed counseling practices and their average daily client load as*

reported in service statistics. The cross-tabulation shows that of the ten fieldworkers who did not meet the standard in explaining the advantages and disadvantages of methods, eight worked in the busiest clinics.

Sample Cross-Tabulation Comparing Counseling Performance with Daily Client Load

		Counseling		Total
		Acceptable	Unacceptable	
Daily Client Load	Higher than Average	3 (12%)	8 (80%)	11 (31%)
	Average or Less	22 (88%)	2 (20%)	24 (69%)
Total		25	10	35

Disaggregating the data. You may also find it useful to disaggregate your data or break it down into smaller units. *For example, if none of the paramedics who were observed in their clinics scored perfectly in maintaining asepsis, there might be considerable variation in the level of acceptable performance on the different aspects of asepsis. Disaggregation might reveal that all of them cleaned the instruments with detergent and water, most of them disposed of used syringes and needles properly, but only a few stored the instruments properly after sterilization.*

Step 4:

Interpret the Data

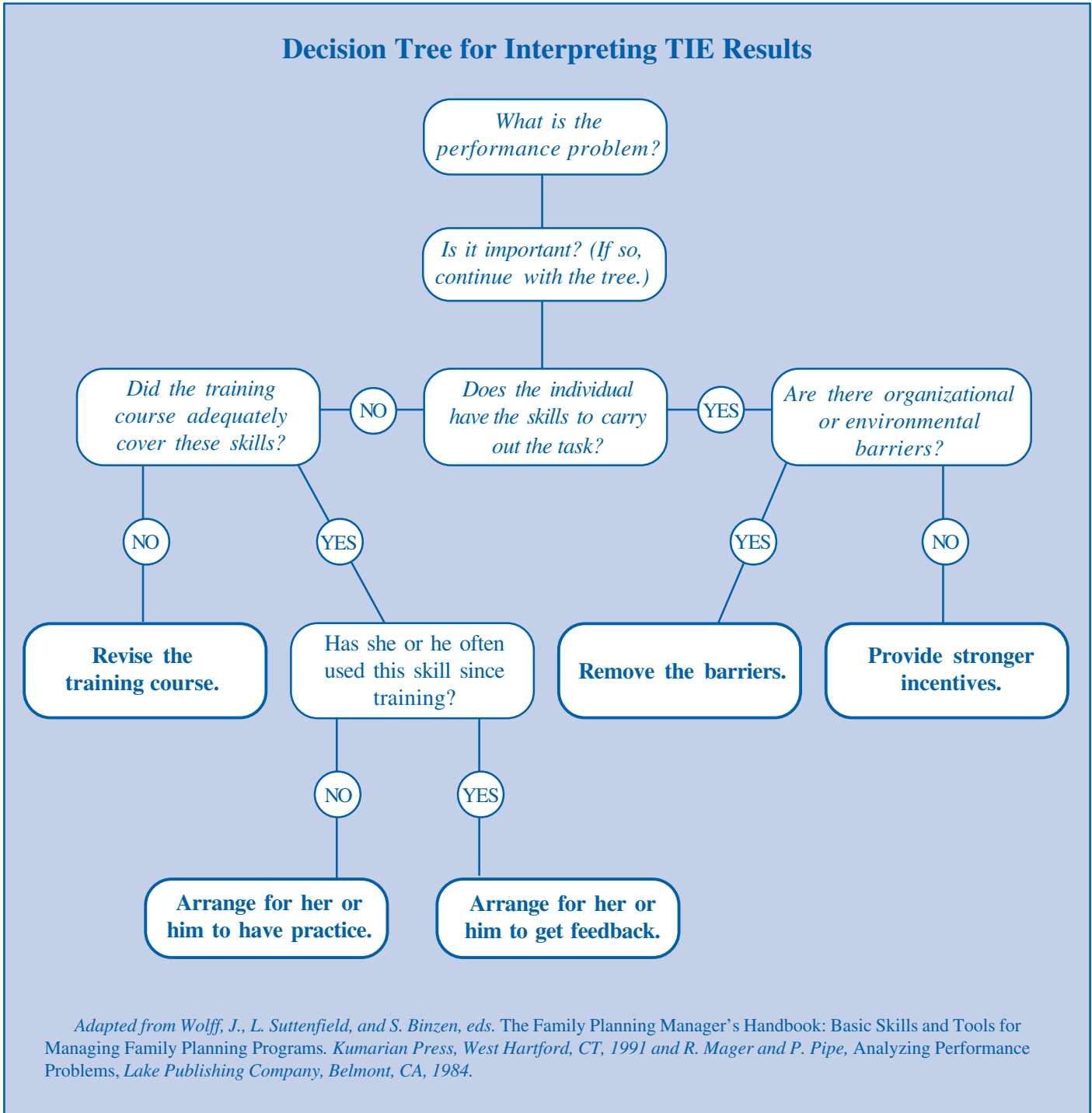
Remember that the ultimate purpose of a TIE is to show the impact of training on job performance and to identify organizational and environmental factors that may also affect the performance of trainees. Interpreting the information can bring you closer to understanding the relative influence of each of these factors. Once you have analyzed the TIE data, you are ready to interpret your findings.

Interpret TIE Findings

1. Identify the indicators that show the lowest and highest percentages of acceptable performance according to the established performance standards.
2. Look back at the recording forms for individual trainees in the high- and low-performance groups. Look for characteristics or variables that may be related to each person's performance.
3. For those in the low-performance category, use the decision tree on the following page to interpret the likely causes of low performance.
4. Identify the characteristics that seem to be related to different levels of performance. *For example, educational status, organizational policies, trainees' opportunities to practice skills, the particular course taken, the trainer, or local community attitudes about family planning.*
5. Use all this information to decide where levels of knowledge, skills, or particular attitudes seem to be at the root of a widespread problem or of widespread success, and where organizational or environmental factors are the likely cause. *For example, a recent conservative religious campaign, elections, or changes in funding or leadership.*
6. Review your findings and consider the following questions:
 - Which trainees have met performance standards?
 - Which trainees have not met performance standards?
 - What might account for the difference?
 - If trainees are still weak in the knowledge, skills, or attitudes taught in the training, what part of the training might be responsible for this? (Consider the objectives of training, the content, allotted time for practice, selection of practice sites, training techniques, selection of trainees/trainers, or a combination of any of these.)
 - If the trainees can recall the content of the training but do not put their knowledge into practice when you observe them, what organizational factors might be responsible? Consider a lack of supplies or equipment, overscheduling of clients, lack of rewards for good performance, lack of consequences for unacceptable performance, inadequate supervision, or a combination of these.
 - What environmental factors might impede acceptable performance? *For example, resistance among community leaders, gender issues, physical barriers to access, rumors, or a combination of these.*
 - Did you find examples of excellent performance? What aspects of training, organizational support, and community support might have contributed to the good performance which should be maintained? Can some of these factors be introduced in settings where changes are needed?

Whenever you find an individual performing below expectations, a decision tree can help you determine whether training is the best solution for

addressing that particular performance problem. The following sample decision tree shows how to make this determination.



Step 5:

Report on the Findings

The backbone of any TIE report is conducting a thorough analysis and thoughtful interpretation of the data. If you have carried out Steps 1 through 4 effectively, then writing and presenting a report of your findings will not be difficult. You can use the following guidelines to prepare an oral presentation.

Developing the Written Report

Your written report will be most useful if it includes all the necessary sections and effectively communicates the purpose and findings of the TIE. You should develop and write the report with a particular audience in mind. The audience should include all the individuals who initially expressed concern about staff performance and the decision makers who are in a position to actively support or act on the recommendations contained in the report. Before the report is completed, you should circulate a draft to key people for review. Once you have finalized and distributed the report, you will need to find a time and place for key managers in each organization to discuss the findings and decide on a course of action. You can use the checklist on the following page as a guide in preparing the report.

Making the Oral Presentation

If you are recommending major changes in training or organizational support, you may wish to make an oral presentation of the report. If so, it is important to decide who can make the oral presentation most effectively, when is the best time to make it, and who should attend. By following a few simple rules, your presentation will be convincing and you will have a better chance of gaining the support of decision makers for the changes you are recommending.

Guidelines for Oral Presentations

- **Understand.** Be very familiar with the material you are presenting.
- **Practice.** Rehearse your presentation.
- **KISS.** Keep It Short and Simple. Your presentation should last no longer than 40 minutes.
- **Make your points strong.** Get to the main conclusions and recommendations quickly.
- **Use visuals.** Use bullet lists, graphics, charts, and tables where possible to support your key points (make sure overhead transparencies and flipcharts have large enough pictures or text for your audience to see easily).
- **Make eye contact.** Look at the audience while you talk.
- **Build in extra time.** Allow additional time for your audience to ask questions and discuss points either during the presentation or afterwards.
- **Be early.** Arrive earlier than the appointed time so that you can make sure the room is set up appropriately and all audiovisual equipment is working.

Remember that in reports, whether they are written or oral, the identity of any individual trainees *must* remain confidential.

Preparing the Written Report

The following checklist will help you organize your report and make sure that it incorporates all the necessary information to fulfill the objectives of the TIE.

- The report is clearly dated.
- The purpose of the report is clear.
- It is clear to you who the audience for the report is, and you have clear expectations for how it will be used by that audience.
- The report specifies the training events being evaluated and the time period during which they took place.
- The report includes all the necessary components:
 - I. Executive Summary
 - II. Details of the training event(s) being evaluated
 - A. Time span
 - B. Number of times conducted
 - C. Number of trainees
 - D. Trainees' key job responsibilities
 - E. Purpose and objectives of the training event(s)
 - F. Key content areas
 - III. Methodology
 - A. Composition of evaluation team
 - B. Objectives of evaluation
 - C. Selection of sample (size, characteristics)
 - D. Number and location of sites visited
 - E. Instruments administered
 - IV. Analysis of findings
 - V. Interpretation
 - VI. Recommendations (for changes in or maintenance of training, organizational systems and procedures, and environmental factors)
 - VII. Annexes that could include instruments and data analyses. Identity of individual trainees should not be revealed.
- The amount of detail is appropriate for the needs of your audience.
- The information is presented in an interesting and understandable way, with graphics that help to make your findings clear.
- There is no unnecessary information in the report. All the discussion is relevant to the purpose of the report and helps to explain the findings and recommendations.

Adapted from The Family Planning Manager's Handbook, Kumarian Press, West Hartford, CT, 1991.

Step 6:

Make Changes

In this step, senior managers re-enter the TIE process to support the evaluation team and help to make the recommended changes so that trainees will be able to achieve the level of job performance that is expected of them. The types of changes needed might include revising the training course, agreeing on a new or revised training program or course with the

training organization, and changing organizational procedures or systems.

At this point it is important to maintain the collaborative process and build momentum for change. Which organization needs to take responsibility for following up on the findings will depend on what the findings show. The following table provides some examples of findings and the corresponding responsibilities of two sample organizations.

Responsibilities for Acting on TIE Recommendations

TIE Finding	Responsible Organization and Actions
Effective training was the main cause of acceptable and excellent performance.	Both the training and service delivery organization, for maintaining the quality of training and extending training to other staff whose responsibilities are similar to those of the trainees evaluated in the TIE.
Ineffective training was the main cause of unacceptable performance.	The training organization, for improving the training.
A widespread performance problem was related to the qualifications or characteristics of the trainees, and was not correctable by the training.	Both the training or service delivery organization or unit, for focusing on: <ul style="list-style-type: none">• improving the trainee selection process;• adapting the training to meet the needs of special groups of trainees.
Performance problems were primarily related to organizational systems or procedures, and were not correctable by training.	The service delivery organization, whose staff have been trained, for improving the systems or procedures for: <ul style="list-style-type: none">• ensuring the trainee has a supportive working environment where the acquired KAS can be applied;• providing focused supervision after the training to reinforce new skills.
Performance problems were related to the local environment.	The service delivery organization, which must seek ways to strengthen community understanding and support of the program.

Just as the TIE process reveals where remedial action is necessary, it may also point out which conditions lead to success. Managers of training organizations can use this knowledge to support their staff in updating or improving other courses, or in creating new and innovative training methods and materials (case studies, field visits, scenarios, role

plays, games, simulations, etc.) that are similar to those that worked well in the course. Managers of service delivery organizations should initiate changes in procedures and systems that will make it easier for staff to do their work, such as more realistic task allocation, more consistent or supportive supervision, more efficient logistics, or stronger community

Handling Resistance to Change

Proposing organizational changes often can be difficult. The manager who initiates the TIE process takes a risk in encouraging staff to look honestly at organizational effectiveness and make recommendations for change on the basis of the best evidence available. But it is not only the manager who is at risk; staff members may also resist having to change the way they do their work. The proposed changes may threaten staff's security or sense of competence, make them more afraid of failure, or destroy their comfort with existing work patterns. As a manager, you should be sure to fully inform staff of the TIE conclusions and recommendations so everyone can respond to factual findings before rumors are started.

If you have had the support of your superiors, peers, and staff throughout the TIE process you will probably be able to get their help in carrying out the recommendations. An effective way to move toward change is to bring together representatives of all the organizations concerned, share the report with them, respond to their questions and concerns, and involve them in developing an action plan for change wherever it is indicated—in training, in organizational support of trainees, or in the working environment. If the proposed changes threaten your staff's job security or incentives, you will need to understand the concerns of the affected staff and provide retraining or whatever other supports are available to minimize the threat. You will be able to move the change process forward only if you provide an honest, positive, and clear context for the upcoming changes.

Revising a Training Course

When the TIE process points to the need for changes in training, it is useful to consider the:

- stated objectives of the training event: the knowledge, attitudes, and skills (KAS) that training should assist trainees in developing;
- tasks that trainees will be expected to do differently in their jobs as a result of their training;
- extent to which the content and emphasis of the training reflect the day-to-day responsibilities of the trainees;

- training methods and techniques that are most likely to ensure that trainees can apply their new KAS back on the job;
- trainer's style and experience;
- ways in which training may have to be adapted to the special educational, language, geographic, and other characteristics of groups of trainees.

The TIE findings serve as the baseline assessment for a revised course and provide the field perspective that helps the trainers make the course relevant to the day-to-day responsibilities of the trainees.

Agreeing on a New or Revised Training Course

Every training event is initially built around the expectations of at least three parties—those who provide the training, those who send their staff to be trained, and the trainees themselves. Each party may have a clear idea of what it hopes the outcome of

training will be, but when these expectations differ, the differences are rarely articulated, and all sides can end up disappointed in the results of training. For this reason, before any additional training takes place, it is crucial that all parties discuss their expectations and agree on what will be delivered through the training. This negotiation, though often overlooked, is very important.

Clarifying Expectations for a Training Event

Before planning a training event, representatives from the training organization or program and the beneficiary organization should meet to clarify expectations and negotiate an agreement on training outcomes.

The organization that is sending staff to be trained should prepare for the meeting by developing a written list of expectations or requirements, specifying the knowledge, attitudes, and skills (KAS) they want their staff (the prospective trainees) to have when they return to their jobs after training. This list should be sent to the training organization or program in advance.

The organization that is providing training should consider each item on the list in advance and, at the meeting, should indicate:

- Which of these desired outcomes can be accomplished through training;
- Which outcomes cannot be accomplished through training;
- Which outcomes are not realistic in light of the training organization's institutional skills and resources.

Together, the users and providers of training should:

- Agree on the outcomes for which the training organization will be held accountable;
- Review the relevant course content, the resources (information, forms, guidelines, etc.) the trainers will need, and the evidence that the parties will accept that shows the requirement has been met;
- Agree on who will be responsible for different activities or tasks;
- Agree on the outcomes that are beyond the scope of this training event and seek alternative ways for the service-delivery organization or program to generate these skills among their staff (such as another course, on-the-job training, increased supervisory support, or community outreach).
- Agree on the “participant profile” (the qualifications needed by those who will attend the course).

If a formal conclusion of this meeting is desired, the representatives from both organizations together can prepare a written memorandum that summarizes all the elements of the discussion.

Changing Organizational Procedures or Systems

If the TIE shows that trainees generally have acquired new knowledge, attitudes, and skills but are not able to apply these in their workplace, the organization that employs them may need to take a closer look at organizational policies and procedures. New skills can be quickly lost when trainees are not supported in carrying out tasks in the way in which they were trained.

Changing organizational procedures is not easy. Procedures are often determined by higher authorities and may appear to be final. The most convincing argument for change is clear and well-documented evidence that even though staff have the skills to do their job, the organizational procedures are keeping them from achieving organizational goals. Managers who have been involved in the TIE process, have a major role in supporting staff and working to develop and/or revise policies and procedures with supervisors so that the organization can continue to improve its ability to deliver high-quality services to its clients.

Working Solutions—Central Asian Republics

Conducting a Training Impact Evaluation

In 1995, a four-person evaluation team of AVSC International staff and consultants assessed the impact of AVSC's training in 10 sites in four Central Asian Republics. AVSC trained doctors in family planning methods and counseling techniques through contraceptive technology seminars and practical training workshops. Some of the trainees then began to train other doctors and nurses.

The Process

The evaluators used the following techniques and instruments to assess the KAS of doctors and other staff in family planning:

- In-depth interviews with doctors to assess knowledge and attitudes, and with service delivery managers to assess attitudes;
- Observation of services with guides and checklists to assess skills in counseling, IUD insertion, infection prevention, and minilaparotomy surgery;
- Record review of service statistics for the period prior to and following the training events.

The Results

Overall, the results of the TIE were very positive. The TIE data showed greater provider receptivity toward oral contraceptives, injectables, and IUDs after the course, and even resulted in increases in the use of these methods. Doctors were particularly pleased that the training had for the first time allowed them to hear information about all family planning methods at one time, which helped them to understand the benefits of each method.

Results of the counseling evaluation indicated that doctors' attitudes had become more respectful of the clients' role in choosing a method, and abortions were thought to have declined in some sites.

The TIE also revealed areas for improvement. Infection prevention training had little impact because the trainees did not consider the information to be new. This session was then revised to include information on local standards for infection prevention. Trainees also thought there was not enough emphasis on counseling about the risks of STDs. More information about STDs has since been incorporated into all training activities.

Based on the TIE, the evaluation team found that the sites where the trainees worked were ready to serve as family planning models where future contraceptive training could be conducted.

Continuing the TIE Process

By the end of the process, you will have learned a lot about the trainees, the work they do, the organizations that employ them, and the effectiveness of the training. As a result, the training organization is likely to make significant improvements to the course under review, including revising the trainee selection process; clarifying expectations with the organization whose staff are to be trained; updating, adapting, or revising the curriculum; adding application exercises; or including trainees' supervisors in planning the course.

When the revised course is completed, managers will become evaluators again and may decide to:

- Conduct a focused input, process, and output evaluation (see page 3) to see whether the changes made any difference in the inputs into the course, the trainers' and trainees' opinions of the course, and the trainees' immediate gains in knowledge, attitude, and skills;
- Conduct a mini-TIE six months later, focusing on the performance issues that generated

the earlier TIE and determining whether they have been resolved;

- Conduct an evaluation of the impact of the training course on a new set of skills and behaviors (not looked at in the earlier TIE), with a view toward improving other components or modules of the course;
- Work together with someone from the service delivery organization to find out whether the newly changed organizational procedures allow the new skills to be applied.
- Work with trainees, their supervisors, and managers to see that adequate supervisory and feedback mechanisms are maintained that support the trainees in their work.

By following up on a TIE, you will be able to show how conducting a TIE pays for itself by improving the ability of staff to do their jobs effectively. In this way, more relevant, effective, carefully-planned training can contribute greatly to the ultimate goal of making high-quality family planning services available to all.

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Reviewers' Corner

A forum for discussing additional application of FPM concepts and techniques

Our reviewers provided the following comments and examples from their experiences in conducting training impact evaluation.

On reaching agreement about training . . . *One reviewer emphasized,* “It is important to understand the difference between negotiating when a new course is being developed and when a course will be held again. Negotiations for a new course center around clarifying expressed needs or perceived problems and provide a great deal of information that make negotiations around a repeated course easier. It is also important to realize that negotiations differ with the staff involved. Administrative staff who handle programming and training logistics may not be interested in the content of a course, while trainers will be deeply concerned about course methodology and content and may even use a specialized vocabulary.”

On lessons learned about TIE . . . *One reviewer communicated,* “One TIE lesson was that where observation of practices is essential and trainees are dispersed throughout the country, the evaluation will take the evaluators a great deal of time. More time may be spent in traveling than in actual data collection. The TIE budget will escalate with evaluators’ travel allowances and per diems. A second lesson indicated that funding agencies and NGOs can resist TIEs because they mistake the internal TIE of a specific course with an external evaluation of clinical activities of NGO supported sites. Open communication and clarification is essential for avoiding such misunderstanding.”

On meeting trainees’ practice needs . . . *Another reviewer reported,* “When trainee interviews revealed that trainees thought they had insufficient time and too few clients for practice during training, practice sessions were moved to the worksite where trainees could practice with more clients.”

On meeting organizational objectives . . . *Another reviewer related,* “When service statistics revealed that IUDs were not offered, further inquiry showed negative attitudes of staff trained in inserting IUDs and deployment of staff to departments where they could not use these skills. As a result, group training was changed to on-the-job training; IUD services were integrated with screening for genital and urinary tract infections.”

On making strong oral presentations . . . *Another reviewer reported,* “When Ministry of Health staff did not have a strong opinion about the quality of work performed by the trained volunteers of a Community-Based Distribution (CBD) project, the CBD project staff made sure that their project evaluation results were presented in the framework of the CBD project’s objectives and qualitative accomplishments. To make the presentation dynamic, project staff used successive speakers and displayed project materials, such as surgical gowns and field backpacks, in the meeting room. They captured audience attention by playing an IEC radio-spot translated from Quechua, a language spoken in many of the communities where the CBD volunteers worked. The Ministry staff left the presentation with new respect for the commitment of the CBD volunteers to promote health care among their people.”



Checklist for Training Impact Evaluation

Preparing for Data Collection

- What tasks are most critical to trainees' effective performance on the job?
- Which of those tasks require skills that are taught in the course you are deciding to evaluate?
- What can you observe at the worksite that indicates that a trainee is carrying out a task according to the established standards?
- What evaluation methods and instruments will best reveal whether the indicators of acceptable performance are present and the standards are being met?
- Is each instrument valid and reliable?
- What do the evaluators need to know to administer the instruments competently?
- How many trainees should and can actually be visited to provide an accurate picture given the available time, money, and staff?

Collecting and Analyzing Data

- Do the logistical arrangements allow enough time to travel and complete the evaluation and ensure that the appropriate people, equipment, supplies, and records will be available?
- Is privacy ensured while respondents are being interviewed, tested, or observed?
- What percentages of trainees' performance meet and do not meet standards for each indicator?
- What factors are related to acceptable, unacceptable, and excellent performance?

Interpreting, Reporting, and Making Changes

- To what extent are these findings related to training, organizational procedures, or environmental factors?
- Which aspects of training, organizational procedures, and community support should be changed, which should be maintained, and why?
- Who is the audience for the TIE report and how can the information be best presented?
- Who should carry out the TIE recommendations and whose support will be required?

The Family Planning Manager is designed to help managers develop and support the delivery of high-quality family planning services. The editors welcome any comments, queries, or requests for free subscriptions. Please send to:



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The

Family Planning Manager

CASE SCENARIOS FOR TRAINING AND GROUP DISCUSSION

The Family Planning Training Institute Looks at the Impact of its Work

Monday did not start off well for Elizabeth Ndegwa, director of the Family Planning Training Institute (FPTI). As soon as she stepped into her office, the phone rang and Dr. Jane Ochoro, the head of the Women's Reproductive Health Organization (WRHO), the region's largest family planning NGO, was on the line. "I have just received a disturbing report about the performance of the clinic assistants we've been sending to your training courses. It seems that, after six weeks of training, they are unable to do some of the basic tasks correctly. If the situation doesn't improve, we will have to look elsewhere for training." She sounded truly irritated.

Mrs. Ndegwa was stunned. The clinic assistants' course was one of the most highly-rated FPTI courses. It had been developed five years ago with help from an outside training consultant, and nearly 400 people from several NGOs had taken part in it. "This is very surprising to me as well. We've given the course for several years and have had hardly ever had a complaint. In fact, the participants routinely give it the highest ratings." Dr. Ochoro hardly let her finish her sentence. "But it's not just the participants' ratings that matter. I'm sure they enjoy the course and can repeat back what they've been told. But the real test is whether they can do what they're supposed to back on the job. And it looks as if my staff is having difficulty applying some of the things you have taught them."

Mrs. Ndegwa began to get irritated herself. She couldn't fully accept what Dr. Ochoro was saying. "I need to know more," she said. "I need more specific

information. Have you seen your staff performing poorly? Exactly what is it that they can't do?"

Dr. Ochoro answered a bit hesitantly. "Of course I don't have time for very many site visits, but our new medical director, Dr. Musandu, has spent his first three months going around to some of our clinics and on Friday he gave me this report. It states that in more than half of the clinics he visited, the equipment was not properly sterilized and clients were not offered the full range of available methods during the counseling sessions." At this point, Dr. Ochoro's tone softened. "Maybe you should talk with Dr. Musandu directly. After all, you and I have been working together for a long time and I really don't want to turn to another training organization if you can improve your course. Why don't you get back to me after you've spoken with him?"

Feeling somewhat relieved but still puzzled, Mrs. Ndegwa called in FPTI's training coordinator, Mrs. Mwangi, to discuss the concerns Dr. Ochoro had raised about training results. Mrs. Mwangi was not so surprised. "You know, Dr. Ochoro may be right. I've been uneasy myself about the high ratings we get from the participants. We have been teaching the same course for several years now and we don't really know whether our trainees can put what they learn into practice on the job. Maybe this is a blessing in disguise; if we can actually go out and visit some clinics with Dr. Musandu or someone else from WRHO, it might help us improve the course." Mrs. Ndegwa was encouraged by Mrs. Mwangi's willingness to learn and change.

Case Scenario: FPTI Looks at the Impact of its Work

The following Friday, Mrs. Ndegwa met with Dr. Musandu and Mrs. Mwangi for more than an hour. They agreed that they needed more information about the performance of trainees before they could actually revise the training course. They decided that the best way to do this was to have the trainers join

Dr. Musandu's program officers on supervisory visits to gather that information. Over the next few weeks, Mrs. Mwangi and her two top trainers formed an impact evaluation team and took as much time as they could from their regular duties to plan their clinic visits.

Case Discussion Questions: FPTI Looks at the Impact of its Work

1. What does the impact evaluation team want to find out, and what steps should they take to do so? (Include examples for each step you propose.)
2. What recommendations might they make based on what they learn during their visits?
3. When FPTI negotiates upcoming courses with the Women's Reproductive Health Organization and other NGOs, what points might be included in the final agreement?

Case Analysis: FPTI Looks at the Impact of its Work

1. What does the impact evaluation team want to find out, and what steps should they take to do so? (Include examples for each step you propose.)

The team wants to learn whether the clinic assistants are doing what they were trained to do and, if not, to understand the reasons and recommend solutions. They should begin by asking to see the most recent job descriptions for the clinic assistants and make a list of additional tasks the assistants are expected to take on. They should compare these tasks to the objectives of the course and put aside the tasks or skills that the course does not cover, those for which FPTI cannot be responsible.

Of the tasks that the course *does* cover, they should select those that they consider most important to evaluate. In this instance, they might want to include the two tasks Dr. Musandu singled out for criticism—instrument sterilization and counseling. With his help, they should analyze the requirements for each task and agree on performance indicators and standards: what they might see or hear on a visit that will help them to assess the performance of those tasks, and what standards will be used to define acceptable, unacceptable, and excellent performance.

Prepare the Evaluation Instruments

They should then choose the evaluation techniques and prepare the evaluation instruments. They can best assess sterilization techniques by observing clinic assistants in action, and can develop an observation checklist or guide based on the standards specified in WRHO's clinic manual. To assess counseling skills, they can design simple questionnaires for the clinic assistants and clients to find out what information the assistants included in their counseling and what information the clients took away from it. They should pretest the instruments in clinics that represent the ethnic, linguistic, and cultural variety of their trainees and revise items where necessary.

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Determine the Sample Size

Next, with Dr. Musandu's help, the FPTI team should identify their sample. Of the approximately 400 people who have been trained in this course, they will want to visit between 40 and 80 trainees (10% to 20%). Because the training course has changed so little over the years, they might choose some trainees from the most recent course and some from earlier courses to get a sense of how skills are retained or lost over time. They may want to stratify their sample according to a variable that they think may have affected performance, defining separate samples for urban and rural clinics, for clinics that serve the country's major ethnic groups, or for clinics operated by the different NGOs for whom they have conducted training. They will have to carefully weigh their desire to get the most accurate information against the resources required for larger samples.

Conduct the Visits and Collect Information

The evaluators should conduct their visits in pairs, so one can concentrate on the interview or observation while the other records the findings. Each visit should be preceded by a notification letter and begin with a formal meeting with the clinic director and staff. In this meeting, the evaluators should explain that they are assessing performance in order to help FPTI improve its training courses. They should then meet with each trainee, put her at ease, answer questions, and conduct their interviews or observations. For the counseling part of the evaluation, they could interview as many clients as possible, again explaining their purpose and trying to create a warm, relaxed atmosphere.

Analyze and Interpret the Findings

At the end of each visit, they should compare their impressions, jot down notes on any unusual findings or areas of uncertainty, and file the completed evaluation instruments and comments in a designated place in their office. When all the visits are completed, the team should meet to analyze their findings. They should tabulate the percentage of trainees they found performing the tasks according to the standards, below the standards, or above the standards for each indicator. They should look for the specific elements of each task that seem to present widespread problems and other elements that are generally being carried out acceptably.

When it is time to interpret the findings, the team will need to draw on all their experience and competence to look for the possible causes of good or poor performance. Using a decision tree will help them ask the right questions to determine whether the issues are related to training, organizational factors, or the larger working environment. They may wish to invite Dr. Musandu to join them in this part of the process, to help validate their conclusions.

2. What recommendations might they make based on what they learn during their visits?

If the team's interpretation shows that knowledge or skills are a widespread problem, they should recommend that FPTI strengthen the training modules on these topics. FPTI could improve the content (focusing on the elements in which the trainees' performance was least satisfactory), the methodology (providing more opportunities for practice during the training course), or the trainers' skills (arranging for trainers to train together or observe each other and provide periodic feedback). If the trainees have shown an attitudinal problem, such as underestimating the importance of some aspect of sterilization, FPTI's trainers could develop training cases to dramatize the serious health implications of carrying out procedures carelessly. In all instances, the team should verify that the trainees met the qualifications for the course; if they did not, the recommendation might be a more stringent application of educational and professional standards for future trainees.

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Where the quality of performance is related more to organizational factors than to training, the team might recommend that WRHO review the relevant systems or procedures. If, for example, it turns out that it is not feasible to give information on every method to every client (because of lack of access to some methods or the client's age, number of children, or health status), the guidelines may need to be revised. However, if information on every method is considered critical, and assistants have too many conflicting tasks, they might have to reallocate the tasks, either by giving the assistants more time to counsel clients or assigning some counseling duties to other personnel. In many instances, supervision may need to be strengthened to reinforce or improve skills.

3. When FPTI negotiates upcoming courses with the Women's Reproductive Health Organization and other NGOs, what points might be included in the final agreement?

In order for the training to have the greatest impact on staff performance, the final agreement should include:

1. Outcomes for which FPTI will be responsible, such as:
 - New knowledge the trainees should acquire;
 - Attitudes that should be conveyed (with, of course, no assurance that the trainees will actually adopt these attitudes);
 - Specific skills that should be developed or enhanced.
2. Outcomes for which FPTI will *not* be responsible, such as:
 - Coverage of any topics outside the planned curriculum;
 - Assurance that trainees will actually adopt the attitudes conveyed in the course;
 - Assurance that trainees will practice the skills in settings that do not provide adequate supervisory, logistical, or community support.
3. A summary of the basic course content.
4. The course venue, dates, and times.
5. The criteria for selection of trainees.
6. Any resources (information, forms, guidelines, etc.) that the NGO is to provide to the trainers and the date by which these resources are to be provided.
7. The results that both parties will accept as proof that they have fulfilled the agreement, such as:
 - A written curriculum guide and course schedule;
 - Verification that all trainees meet the criteria for selection;
 - Course evaluations from trainees and trainers;
 - Pre- and post-tests to show changes in knowledge;
 - Reports from program officers or supervisors on specific aspects of trainee performance after training.