Competency-Based Training

TRAINER'S MANUAL

Government of the People's Republic of Bangladesh
DGHS
Directorate General of Health Services
Ministry of Health and Family Welfare

পরিবার পরিকল্পনা অধিদপ্তর

NIPORT

Competency-Based Training

TRAINER'S MANUAL

USAID's Accelerating Universal Access to Family Planning (AUAFP)/Shukhi Jibon Project

2020

This manual is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the sole responsibility of Pathfinder International and do not necessarily reflect the views of USAID or the United States Government.

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Acronyms and Abbreviations

AUAFP	Accelerating Universal Access to Family Planning
AYFS	Adolescent- and Youth-Friendly Services
CBT	Competency-Based Training
CCSDP	Clinical Contraceptive Service Delivery Program
CHCP	Community Health Care Provider
DGFP	Directorate General of Family Planning
DGHS	Directorate General of Health Services
DGNM	Directorate of Nursing and Midwifery
DMPA	Depo-Medroxyprogesterone Acetate (Depo-Provera)
DMPA- SC	Depo-Medroxyprogesterone Acetate – Sub-cutaneous
FP	Family Planning
FWA	Family Welfare Assistant
FWV	Family Welfare Visitor
IC	Improvement Collaborative
IUD	Intrauterine Device
LFP	Learning for performance
M&E	Monitoring and Evaluation
MCH	Maternal and Child Health
MEC	Medical Eligibility Criteria
MEL	Monitoring, Evaluation, and Learning
MNCH	Maternal, Newborn, and Child Health
MOHFW	Ministry of Health and Family Welfare
NIPORT	National Institute of Population Research and Training
OCP	Oral Contraceptive Pills
OPQ	Optimizing Performance and Quality
PPFP	Postpartum Family Planning
PPT	PowerPoint
RH	Reproductive Health
RTC	Regional Training Center
SACMO	Sub-Assistant Community Medical Officer
TMIS	Training Information Management System
ToT	Training of Trainers
TRP	Training Resource Package for Family Planning
USAID	United States Agency for International Development
WHO	World Health Organization

Preface and Acknowledgements

Pathfinder International, in partnership with IntraHealth International, and with strategic support from the Obstetrics-Gynecology Society of Bangladesh (OGSB), the World Health Organization (WHO), and the University of Dhaka is implementing the Accelerating Universal Access to Family Planning (AUAFP) project, also known as "Shukhi Jibon," in Bangladesh. This 5-year project contributes to the health and wellbeing of Bangladeshis and to accelerating family planning (FP) utilization by strengthening the capacity of the Ministry of Health and Family Welfare (MOHFW), particularly the Directorate General of Family Planning (DGFP), the Directorate General of Health Services (DGHS), and the National Institute of Population Research and Training (NIPORT). The project supports the development and deployment of skilled, responsive, and respectful FP providers; strengthens the delivery of quality FP services, especially for adolescents, youth, and postpartum women; and works with communities to transform norms related to FP information and services.

Family planning is a skills-based field that requires competent providers who are well trained in family planning service provision. According to the findings of the training needs assessment conducted by Shukhi Jibon in July 2019, most existing FP trainings are classroom based, use didactic presentations, and include limited practicum and/or refresher trainings. These findings suggest that further attention and support is required for trainers, so they are equipped to employ more effective approaches to engaging and supporting learners, including through improved practicums and participatory training approaches.

In response to these needs, Shukhi Jibon developed this learner-centered, competency-based training (CBT) manual, which is grounded in adult learning principles, to build the capacities of trainers at NIPORT, DGFP, Directorate General of Nursing and Midwifery (DGNM), and DGHS. It is expected that the trainers who are trained in CBT will utilize their training skills to build FP service providers' capacities to provide high-quality services. A high-level technical committee including members from NIPORT, DGFP, and DGHS guided the finalization of this manual, while IntraHealth International led the development of content and methodologies presented here, in collaboration with Pathfinder International. I wish to particularly acknowledge the technical contributions of Stembile Mugore, IntraHealth International.

We would like to acknowledge the support and guidance of NIPORT, DGFP, and DGHS for developing the *Competency-Based Training: Trainer's Manual*. We are also grateful to the members of the Technical Committee for their guidance and contributions in finalizing the manual. We also wish to extend our gratitude to the trainers from NIPORT, DGFP, and DGHS who participated in pre-testing the manual. We wish to express our gratitude to USAID Bangladesh for the generous support in the form of funding and technical expertise.

Our hope is that this manual will serve as an important tool for strengthening FP training systems in Bangladesh in order to produce more competent, prepared, and motivated FP trainers and providers who can ensure quality FP service provision to women and families.

Caroline Crosbie

Project Director, USAID Accelerating Universal Access to Family Planning (AUAFP) Project
Senior Country Director, Pathfinder International, Bangladesh

Bangladesh has made commendable progress in the areas of poverty alleviation, ensuring food security, primary school enrolment, gender parity in primary and secondary level education, access to safe drinking water and basic sanitation and various health and family planning indicators. Since the mid-1980s, maternal and child mortality rate has dropped significantly and improved life expectancy. Increasing immunization coverage and diarrhea control and reducing the incidence of communicable diseases under the Millennium Development Goals (MDGs) are also part of this remarkable success story. The family planning program, which began in the early 1955, has achieved substantial progress. Reduction in Total Fertility Rate (TFR) is closely associated with another remarkable success: the increased use of contraceptive methods. The TFR for 201-6-2017 is 2.3 births per woman. The 4th HPNSP's objective is to attain a TFR of 2.0 by 2022. The decline in TFR with increase in contraceptive prevalence rate (CPR) is commendable. The CPR, which in 1975 was 8 percent, it is 62 percent in 2017-18. These successes of Bangladesh have been reflected due continuity of health sector polices and strategies over many decades and successive Five-Year Plans since 1973. To achieve the target of 4th HPNSP, the Bangladesh Health Workforce Strategy 2015, the 4th HPNSP 2017-22 and its Operational Plans have emphasized building the capacity of FP workforce to ensure quality services through universal health coverage.

The Government of Bangladesh, in collaboration with its partners such as the USAID-funded Accelerating Universal Access to Family Planning, also known as Shukhi Jibon, is working to increase the number of competent FP workers to provide quality family planning services. Pathfinder international, in partnership with lntraHealth lnternational, and in collaboration with the MOHFW, specifically with DGFP, DGHS, and NIPORT, is implementing the 5-year project (July 2018-July 2023) in Dhaka, Mymensingh, Sylhet and Chattogram divisions.

Presently, FP trainings are mostly didactic and classroom-based with limited practicum and weak follow-up. ln addition, there is limited development of e-learning and blended learning activities. According to the recent study conducted by Shukhi Jibon Project on Training Needs Assessment reveals that majority of the FP providers have received basic training on FP, but practicum and refreshers trainings were not at desirable level. The report also focused on CBT, training skills, training management, and adult learning principles.

Shukhi Jibon has introduced evidence-based Competency-based Training and Adult Learning Methodology for integration into Bangladesh's in-service training system for fulfillment the expectation of service providers as well as service recipients. Shukhi Jibon, in collaboration with DGFP, DGHS, and NIPORT, developed this comprehensive Trainers' manual on Competency-based Training for standardizing Training of Trainers (ToTs) and ensuring the quality training. The Technical Committee headed by Director General of NIPORT and members from NIPORT, DGFP, and DGHS extensively reviewed the drafts and approved the Manual.

ln this context, l would like to thank the lntraHealth lnternational for taking the technical lead in developing this manual. I am also thankful to the members of the Technical Committee for their valuable recommendations and contributions in finalizing the manual, as well as all the trainers who participated in pre-testing.

I also express sincere gratitude to USAID Bangladesh for their generous technical and financial support.

I believe that this trainers' manual on CBT will be integrated into the training system of Bangladesh to produce competent FP providers capable of ensuring delivery of high-quality FP services.

Susanta Kumar Saha
Additional Secretary and Director General
National Institute of Population Research and Training (NIPORT)

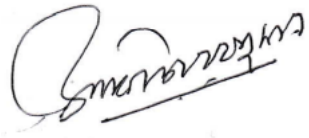
The Bangladesh Health Workforce Strategy 2015, the 4th Health, Population, and Nutrition Sector Program 201,7-2022, and its Operational Plans have emphasized building the capacity of the family planning workforce to ensure quality performance to achieve the national targets. I am happy that Shukhi Jibon has introduced this evidence-based Competency-based Training (CBT) approach, which will be integrated into the training system to build the capacity of Family Planning (FP) workforce of Bangladesh. The competency-based training is practicum oriented, emphasizes learning by doing, and focuses on the specific knowledge, skills and attitudes that are needed to carry out a procedure, task, or activity according to set standards.

I am happy that Shukhi Jibon has developed a comprehensive Trainer's Manual on Competency-based Training to guide implementation of Training of Trainers (ToTs). During the development process, the drafted manual was pre-tested and extensively reviewed by the Technical Committee, consisting of members from NIPORT, DGFP, and DGHS.

The manual has been designed to train FP trainers on planning for training, adult learning principles, training skills (including facilitation, communication, and feedback), training management skills, competency-based training methods, practicum training, training evaluation, and training follow-up and reporting.

I would like to thank IntraHealth International for taking the lead in developing the manual, the Technical Committee members for sharing their valuable time to review and finalize the manual. I would also to thank my colleagues at NIPORT HQ and its institutes for participating in the pre-testing and providing guidance on developing the manual. NIPORT is committed to integrating this CBT Trainers' Manual into its training system to ensure that competency-based training methods are followed in its training programs. I would also like to thank USAID for funding the Shukhi Jibon program.

I hope that the CBT Trainers' Manual will serve its purpose of building a competent workforce capable of providing quality services to achieve national goals



Md Matiar Rahman
Additional Secretary & Director Training
National Institute of Population Research and Training (NIPORT)

I am happy that the USAID-funded Accelerating Universal Access to Family Planning project is collaborating with the Ministry of Health and Family Welfare—particularly with Directorate General of Family Planning, National Institute of Population Training and Research, and Directorate General of Family Planning—to build the capacity of family planning workers. The project is introducing evidence-based capacity building approaches including competency-based training and optimizing performance and quality by working closely with DGFP, NIPORT, and DGHS as a part of its objectives to strengthen the training system in Bangladesh. I am aware that the project has already created a pool of 20 master trainers and 184 trainers (67% from DGFP, 20.3% from DGHS, and 12.6% from NIPORT) on competency-based training in 14 districts. These trainers will be engaged in capacity development of family planning providers to improve their performance and their ability to deliver quality services.

I am happy to know that a comprehensive trainer's manual on competency-based training has been developed by AUAFP/Shukhi Jibon through a rigorous consultative and pre-testing process. Representatives from CCSDP, DGFP also contributed to the manual's development in their role as members of the technical committee. I am sure that this manual will be used to create well-trained trainers on competency-based training and will serve as a reference manual for those who have already been trained. I firmly believe that the trainers will utilize their training skills to build the capacity of family planning providers to deliver quality services. I am hopeful that this skills-based training approach will contribute to increasing the availability of long-acting reversible contraceptive and permanent method services.

I would like to express my appreciation to the AUAFP/Shukhi Jibon team, particularly IntraHealth International for taking the technical lead in developing the manual. I would also like to thank USAID for funding the Shukhi Jibon project. IN addition, I would like to thank my colleagues from DGFP at national, district, and upazila levels for their effective contributions to this manual's development. The CCSDP/DGFP is committed to integrating the competency-based training approach through its training entities, particularly through the Regional Consultants, FPCS-QIT, in order to develop the competencies of clinical contraceptive service providers, and this training manual will be immensely helpful to them.

I hope that this trainer's manual on competency-based training will be integrated into the training system in Bangladesh in order to develop and maintain family planning service providers who are capable of offering high-quality family planning services that meet clients' needs.

Dr. Md. Moinuddin Ahmed

Line Director
Clinical Contraception Services Delivery Program (CCSDP)
Directorate General of Family Planning (DGFP)

Notes to the Trainer

Purpose of the Training

The *Competency-Based Training: Trainer's Manual* will be used to develop the capacity of NIPORT, DGFP, and DGHS trainers to apply competency-based training (CBT) methods and adult learning principles to conducting high-quality family planning (FP) training of providers. Following this training of trainers (ToT) on CBT, the trainers' facilitation knowledge and skills will be enhanced, enabling them to facilitate trainings and practicums using the interactive, hands-on CBT methods (e.g., roleplay, case studies, demonstration and return demonstration, simulation, brainstorm, group work). Through the ToT, trainers' capacity will be built in selecting and using appropriate training methods to effectively build the capacity of FP providers to provide quality FP services. The CBT approach also entails systematically following up on participants after training by visiting them onsite (and virtually) to assess, provide technical support, and continuously strengthen their competency as trainers through mentorship and refreshers.

The CBT Trainer's Manual is designed to address the needs of all FP/RH trainers, including in-house and outsourced trainers. This CBT Trainer's Manual will help trainers make effective use of FP training materials from Bangladesh's Ministry of Health and Family Welfare, as well as other global evidenced-based FP training manuals and resources, to address the specific training needs of the FP service providers.

- *Training of Trainers (ToT) Gender Integrated Family Planning Program* (Shukhi Jibon, 2019)
- *Family Planning Manual* (CCSDP & DGFP 2018)
- *Family Planning Training Resource Package* (TRP), (USAID, WHO, & UNFPA, updated 2019
- *Family Planning: A Global Handbook for Providers* (2018 update)
- *Course Guideline for Basic Training of FWVs* (3rd edition, NIPORT)
- *Participants Handbook on Basic Training for FWAs* (NIPORT, 2016)
- *Participants Guidebook for SACMO* (NIPORT, 2014)
- *Basic Trainers' Manual on LARCs and Permanent Methods* (CCSDP & DGFP, 2012)
- *Trainers' Manual on Postpartum Family Planning* (CCSDP & DGFP, 2015)
- *Trainer's Guideline on Postpartum Family Planning Counselling* (CCSDP & DGFP, 2018)
- *Training Handbook on Implants* (CCSDP & DGFP, 2009)
- *Trainers' Module on IUD* (CCSDP & DGFP, 2019)
- *Trainers' Manual on Counseling on IUD Infection Prevention* (CCSDP & DGFP, 2019)

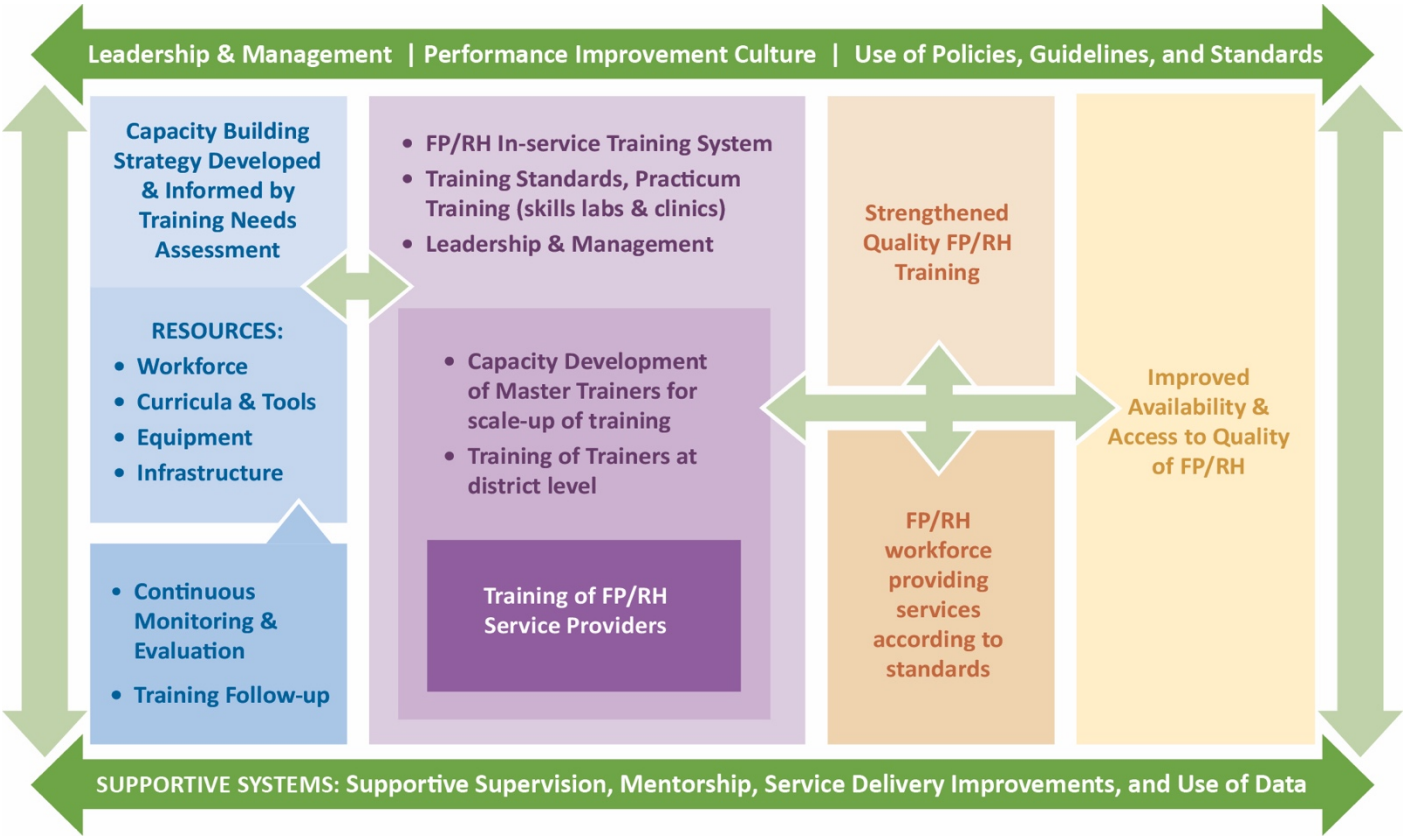
The Training Institutes of NIPORT and DGFP will integrate the competency-based training approach in their respective training systems to train FP service providers to be competent to provide high-quality services. To that end, Shukhi Jibon has created a pool of trainers trained in CBT. These trainers trained on CBT serve as resource persons and trainers for the implementation of other programs, such as Mentorship and Supportive Supervision, Adolescent- and Youth-Friendly Services (AYFS), Postpartum Family Planning (PPFP), and Family Planning Clinical Services.

Through developing trainers' CBT and FP clinical skills, it is envisaged that the service providers they train will be more skilled and competent to provide high-quality, voluntary AYFS and FP services to their communities. The improved service quality will increase client satisfaction level, which will encourage more clients to accept AYFS and FP services, reducing contraceptive discontinuation and unmet need for

contraception. This will also enable facilities to attract more clients, thereby contributing to increased access to FP services.

The manual was developed in line with the health system strengthening framework, which shows the link between capacity building of trainers and strengthened service delivery, as presented below in Figure 1.

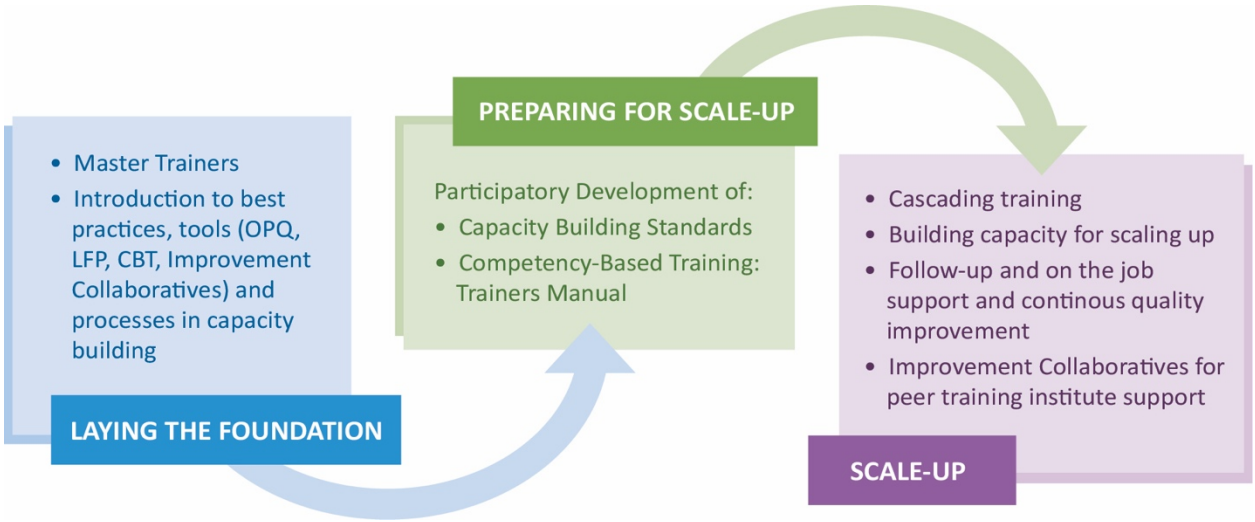
Figure 1: Capacity Building and FP/RH Service Delivery



Process of Capacity Building for FP Trainers

Shukhi Jibon is following the process shown below in Figure 2.

Figure 2: Capacity building of FP trainers



A training needs assessment was conducted in 2019 as one of the first steps in program implementation. The assessment identified training needs and training capacity for FP/RH. This assessment informed the development of a capacity development strategy that is being implemented.

Development of Master Trainers: Development of an initial group of Master Trainers to develop/adapt training tools, co-facilitate capacity building of trainers at district level to scale-up training, apply Learning for Performance (LFP) to develop curricula and training materials and other systems strengthening activities, such as application of Optimizing Performance and Quality (OPQ) and facilitating Improvement Collaboratives (IC) on Bottlenecks and Best Buys to improve quality of the in-service training systems. The Master Trainers will be involved in development of all capacity strengthening activities including development of this CBT Trainer's Manual and Training Standards, as well as training, follow-up, and mentoring of trainers.

Strengthening in-service training system: The training system model for capacity development includes:

- Training, follow-up, and mentoring of trainers
- Development of training standards
- Development of CBT Trainer's Manual
- Training, follow-up and mentoring of trainers on CBT
- Development and implementation of eLearning for virtual ToT and follow-up
- Improving coverage and continuous quality improvement of training
    - Development and implementation of Training Institute Management Framework
    - Training and mentorship of managers of Training Institutes on quality improvement (OPQ), including Improvement Collaboratives
    - Development of Training Information Management System (TMIS) and capacity building on data-driven decision making

- Strengthening capacity for practicum training
  - Equipping skills labs
  - Providing technical assistance to trainers to link with practicum training sites to prepare them for training
  - Mentoring of trainers during practicum training and using FP clinical skills checklists

Development of this Manual

This manual was developed in a highly participatory and consultative manner to foster country ownership and leadership of DGFP, DGHS, and NIPORT. Shukhi Jibon led a process to establish a high-level technical committee. The technical committee included trainers, curriculum development experts, and training managers from NIPORT.

1. A 3-day workshop was held with 22 participants from NIPORT, DGFP, and DGHS to reach consensus on:
   - Job functions and responsibilities of an FP Trainer
   - Contents of the CBT Trainer's Manual based on job functions and sharing of training needs assessment findings
   - Goal, objectives, and duration of the ToT
   - Format of the Trainer's Manual, particularly lesson plans and order of sessions
2. A high-level technical committee was formed with 15 members from NIPORT, DGFP, and DGHS to provide guidance on:
   - Objectives and methodologies
   - Technical content of the manual
   - Finalization of session plans, PowerPoint presentations, and handouts
3. Pre-testing the CBT Trainer's Manual
   - Manual was pre-tested in actual ToT settings with 49 trainers from NIPORT, DGFP, and DGHS in 3 districts (Sunamganj, Netrokona, and Feni)

Goal and Objectives of the Training

Goal

Build the capacity of trainers to plan, deliver, monitor, and evaluate competency-based FP/RH training of service providers at all levels of service delivery.

General Objectives

By the end of the training participants will be able to:

1. Plan for FP/RH training of service providers using the national FP/RH clinical training curricula, high-quality global training materials, and other evidence-based resources.
2. Apply adult learning principles to facilitate learning of FP/RH providers.
3. Use effective facilitation techniques, communication skills, and competency-based training methods to transfer knowledge and skills in FP/RH.

4. Deliver trainings that take gender dynamics into consideration in order to create a learning environment that fosters gender equity.
5. Monitor and evaluate trainings.
6. Prepare training reports according to national guidelines and use training data as a component of TMIS.
7. Conduct training follow-up and use TMIS data to continuously improve training.

Overview of the Training

MODULE 1: Introduction to the CBT Training	**2 h.**
Session 1-1: Official Opening	30 min.
Session 1-2: Overview of the Training	90 min.
MODULE 2: Planning for Training	**1 h.**
Session 2-1: Planning for Training	60 min.
MODULE 3: Adult Learning	**1 h. 15 min.**
Session 3-1: Adult Learning Principles	75 min.
MODULE 4: Effective Facilitation Sills	**3 h. 30 min.**
Session 4-1: Facilitation Skills	60 min.
Session 4-2: Communication Skills in Facilitating Training	60 min.
Session 4-3: Giving and Receiving Feedback	90 min.
MODULE 5: Delivering the Training	**3 h.**
Session 5-1: Introduction to Competency-Based Training	60 min.
Session 5-2: Using Competency-Based Training Methods	120 min.
MODULE 6: Practicum Training	**1 h 30 min.**
Session 6-1: Selecting and Preparing for Practicum Training	90 min.
MODULE 7: Monitoring, Evaluating, Learning, and Reporting Training	**1 h. 15 min.**
Session 7-1: Monitoring, Evaluation, Learning, and Reporting	75 min.
MODULE 8: Simulation Practicum	**7 h. 30 min.**
Session 8-1: Micro-teaching Practice	450 min.
MODULE 9: Managing Training	**1 h. 15 min.**
Session 9-1: Managing Training-Related Problems	75 min.
MODULE 10: Training Follow-up	**1 h. 15 min.**
Session 10-1: Training Follow-up after FP Clinical Skills Training	75 min.
MODULE 11: ToT Closing	1 h. 30 min.
Session 11-1: Evaluating the ToT	60 min.
Session 11-2: Official Closing of the Training	30 min.
TOTAL TRAINING TIME	**25 hours***

**Not including time for meals and breaks.*

Intended Users of the Trainer's Manual

Trainers

The CBT Trainer's Manual is designed to be used by FP trainers who have previously undergone training as master trainers in adult learning principles, facilitation skills, and CBT methods. The trainers will conduct the training as a team that should include trainers who have the ability to provide pre-service or in-service clinical training on FP to various cadres of FP providers. The Trainer's Manual can be adapted to train trainers in various courses by changing objectives, training methods, and skills checklists from FP-related topics to the training course being conducted (for example, the same CBT methods can be used to train service providers on maternal and child health).

Participants

This ToT is intended to be delivered to participants who are designated or intended FP trainers (both in-house or outsourced) and who have clinical experience and are competent or expert in FP/RH and related content. Participants should be interested in and committed to becoming FP/RH trainers and have the support of their supervisors to apply the knowledge and skills acquired from this training.

The ideal number of participants per training is **16**. This will allow for adequate practice during training simulations. In general, it is recommended that there is a ratio of no fewer than 1 trainer for every 5 participants.

Training Duration

The training content requires **25 hours** (not including meals and breaks) and is suitable for a 5-day training. There are 4 days of classroom instruction and 1 day of simulated micro-teaching sessions that allow participants to apply knowledge gained in the theoretical sessions.

Time for each activity*:* Time has been allocated to each learning activity and trainers should make an effort to stick to the allocated time to ensure that participants have adequate time to practice applying newly acquired skills and knowledge in simulations. At least two-thirds of the time should be devoted to practice, practical application, and discussing/analyzing examples (e.g., through small group work, roleplays, case studies, and micro-teaching simulation). The time may be adjusted depending on learning pace of participants, as well as their prior knowledge and experience as demonstrated by the pre-test knowledge assessment.

Organization of the CBT Trainer's Manual

Modules

The Trainer's Manual contains modules that each address a set of specific learning objectives. At the beginning of each module, you will find a brief introduction to the module, followed by guidance on the timing of the sessions, materials needed, advance preparation required, and additional notes to the trainer, as needed, as well as an overview of the sessions.

The modules are broken into sessions (though many modules have only one session) and the sessions are divided into numbered activities. The activity heading indicates the type/methodology of the activity (e.g., Discussion, Presentation, Small Group Activity) and the topic covered in the activity is noted below the activity heading.

The trainer instructions indicate the slide numbers of the PowerPoint to be shown, as well as the handouts to be distributed (both highlighted in **bold, blue font**). Participant handouts are included at the end of each module. Note that it is recommended that each participant is given a copy of the full Trainer's Manual to take home at the end of the training.

Guide to Symbols

Symbols are used throughout the unit to help guide and instruct trainers. These symbols include:

TOTAL SESSION/MODULE TIME

Estimated time needed for each module or session. All times listed are suggested and subject to change depending on participant learning needs.

LEARNING OBJECTIVES

What the participants are expected to learn from each module and session; what they are expected to be able to do as a result of the session/module.

METHOLODOLOGIES

Training methods used in the module, for example, large group discussion or roleplay

MATERIALS NEEDED

Materials needed to teach the module, for example, flipchart and markers.

ADVANCE PREPARATION

Planning and preparation for a session or exercise that should be undertaken in advance.

TRAINER NOTE

Step-by-step guidance for the trainer.

PowerPoint Presentations

The PowerPoint (PPT) slide sets were developed to facilitate presentations and discussions throughout the training and are available as separate slide decks. You will find notes in the trainer instructions indicating which slides correspond to the activities.

GENDER EQUITY

Gender equity is a very important cross-cutting aspect of effective FP/RH training. It is important for trainers to understand the sociocultural dynamics and power imbalances between men and women, and how they are likely to influence training, group dynamics, how participants relate to each other, how they undertake learning activities, and how they participate in discussions. In addition, trainers should take sociocultural gender norms into consideration when selecting FP/RH case studies and use of language for example to describe male and female reproductive anatomy. A separate *Manual on Training of Trainers (ToT) Gender Integrated Family Planning Program* (Shukhi Jibon, 2019) has been developed for a specific training on gender; however, all trainings and all trainers must effectively address gender considerations.

Preparatory Work

Each module in this Trainer's Manual has information about work to be done in advance for the sessions in that module. You—the trainer individually and as a team—should familiarize yourselves with all components of this manual well in advance of the training.

Advance preparation and practice will increase trainer confidence and will also help keep sessions to the recommended time.

Before conducting the training, you should read through the Notes to the Trainer. Then, study each of the modules (beginning with each module's introductory section), read the technical content to ensure you understand it, review the activities closely, take note of activities that require advance preparation, and try to anticipate participant questions.

- The exercises in each module include large group discussion, brainstorms, case studies, small group work, pair work, roleplays, and simulations.
- Be flexible—be ready to change activities or the order of the agenda to adapt to the needs of participants and the amount of time available.
- Become familiar with the PPT slides prior to the training by reviewing them several times and comparing them with the module content. You may even want to practice using the slides by presenting a session, or even a module, to colleagues or just on your own. The better you know the content, understand the learning methods, and master the computer equipment and projector, the more confident you will feel!
- Review the content, in particular the case studies and roleplays, to ensure local and contextual relevance.
    - Case studies can be removed or modified to reflect local content.
    - Names can and should be changed to reflect common local names.
    - Trainers can add new case studies based on local statistics, cultural practices, social traditions, and common issues.
- Review the PPT slide presentations and flow of the session.
- Print/make copies all participant handouts needed for the sessions.
- Gather any additional materials needed.

For some sessions, trainers may want to consider:

- Preparing flipcharts with some information already written on them.
- Rearranging chairs or the training space to allow room for particular activities.
- Doing some additional research and preparation on local laws, policies, or context.

Training Methodologies

This Trainer's Manual is firmly grounded in a participatory approach to learning. The sessions benefit learning through interactive activities, discussions, and small group work. Participatory learning methodologies help learners build their knowledge and skills through shared reflection, critical analysis, and collective problem solving.

The role of the trainer in a participatory session is one of guidance, not authority. This training should be considered a learning journey that participants and trainers are taking together, not a one-off delivery of information from one source to a target audience. While there are content presentations included in this trainer's manual, the trainer should always strive for a conversational tone and a dialogue with participants. **In addition to participatory training methods, the trainers using this manual will apply and role model principles of adult learning, CBT methods, facilitation and communication skills, and use of each training method.**

Learning sessions are designed to use a variety of CBT methods in a participatory way to transfer of knowledge and skills and change attitudes. Methods include use of simulation, large and small group discussions, case studies, roleplays, brainstorms, demonstration, and self-administered and observer skills checklists to assess learning. During the ToT, trainers should ask participants to take note of application of adult learning methodology, effective facilitation, communication skills, and use of competency-based methods, as these will be demonstrated and modeled to train the participants to be trainers.

Learner Activities

Sessions open with an introduction to the topic and session objectives, as adult learners are better motivated to learn if they understand what they are expected to learn and how this relates to their work and previous sessions. The learning activities can be adapted depending on time available and learning pace of participants. However, adaptation should not compromise accomplishment of objectives, particularly those that help participants develop competence. The sessions end with review of objectives, summarizing, processing, and thinking about application of learning. Trainers should also make clear the link to the next session.

Methodologies

- **Presentations:** Presentations are used to convey new information as well as to review content with which participants may already be familiar.
- **Discussion:** Discussion provides an opportunity for participants to ask questions and clarify issues that are unclear to them. It is also a chance for the trainer to evaluate the participants' views and level of knowledge and understanding.
- **Brainstorm:** Brainstorming involves generating ideas in a group quickly and without judgment. Every idea is accepted.
- **Group Work:** Some learning objectives include group work, which is usually followed by a session in which feedback is provided to the class as a whole.
- **Roleplay:** Roleplay allows participants to practice putting together the knowledge, attitudes, and skills they have learned. This technique is useful when practicing skills such as counseling. Observers of the role play will use an observation guide to make the most of the learning experience and provide constructive feedback. At the end of the role play, the trainer should engage the group in constructive feedback and draw the group's attention back to the objectives or to the main points the role play was designed to demonstrate.

- **Case studies:** Are real life situations that allow participants to gather skills on problem solving. This technique is useful for learning how to identify problems and generate solutions as trainers and uses knowledge gained during the training.
- **Simulation/micro-teaching:** Module 8 consists of an in-depth simulation where participants can practice facilitating a 30-minute training session on a family planning topic. The simulation allows them to draw on and apply all they have learned so far in the training. Through observing each other's micro-teaching simulation and assessing using checklists, participants also practice applying assessment and evaluation skills, as well as skills in giving and receiving feedback.
- **Energizers:** These are short (5-15 min.) exercises that serve to re-energize participants throughout the day. They should be fun, light-hearted, and usually involve moving around physically in some way. They should be interspersed throughout the training to keep everyone engaged and awake.

Evaluation Methods and Tools

Pre-/post-test: The pre-test/post-test is designed to assess knowledge gained as a result of the training. The tests are identical, except that the pre-test is administered before the start of the training and the post-test at the end of the training. The answer key is found at the end of the Notes to the Trainer. As discussed in Module 10, it is recommended that participants' scores inform post-training follow-up. As indicated in Module 11, it is recommended that the trainer's quickly mark the post-tests in order to present data on the knowledge changes in the final session of the training.

Competency-Based Skills Checklists: Trainers should observe participants practicing and applying skills, tools, and techniques during the training, as well as during follow-up and mentoring. Participants can use the CBT checklists (founds in the handouts sections of Modules 6 and 8) for self-assessment and to conduct peer assessments. This assessment can be done through direct observation of training skills, roleplays, simulations, or case studies. Competency-based checklists are developed by breaking down the skill or activity to be taught into its essential steps. Each step is then analyzed to determine the most efficient and safe way to perform and learn it. These checklists make learning the necessary steps or tasks easier and evaluating the participant's performance more objective. The checklists contain enough detail for trainer to evaluate and record the overall performance of the skill or activity.

Using checklists in competency-based clinical training:

- Ensures that participants have mastered the CBT skills and activities, first in simulated practice and then during mentoring when training FP providers.
- Ensures that all participants will have their skills measured according to the same standard.
- Forms the basis for follow-up observations and evaluations.

Criteria for satisfactory performance by the participants are based on the knowledge, attitudes, and skills acquired and demonstrated during training. In preparing for formal evaluation by the trainer, participants can familiarize themselves with the content of the checklist by critiquing each other's skills.

When evaluating the performance of a participant, the trainer will judge each step of the skill according to the ranking systems below.

Ranking for trainers' skills:

1 = Needs Improvement: Step or task not performed correctly or out of sequence (if necessary) or is omitted

2 = Competently Performed: Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently

3 = Proficiently Performed: Step or task efficiently and precisely performed in the proper sequence (if necessary)

Not observed: Step, task, or skill not performed by the participant during evaluation by the trainer.

Ranking for providers' clinical skills:

Yes: Done according to standards, all steps followed

No: Not done at all, done but not according to standards

Not applicable: Tasks were not to relevant to the skill

Journaling: As part of monitoring learning, at the end of each day you will ask participants to complete a journal noting what was important for them during the day's learning sessions, what they learned, and how they will apply their learning.

Daily pulse-checks: Rapid oral evaluations can also be done quickly on a daily basis to determine participants' reactions to the day's sessions. For example, at the end of each day, in addition to asking participants to complete their journals, you may ask for volunteers to share verbally:

- How valuable was today's session for you on a scale of 1 to 5?
- What are the most important things you learned today?
- How do you plan to apply those ideas to your job?

Evaluation of the ToT: The end-of-training evaluation (in Module 11) is an important first step in determining the success of the training. Participants' reactions help determine the effectiveness of the training and how it can be improved for the future.

Pre-/Post-test Answer Key

Question No.	Answer Key	Total Marks=20
1	B and E	1
2	B, D	1
3	A, B, E	1
4	A-3, B-6, C-2, D-5, E-1, F-4	6
5	D	1
6	C	1
7	B	1
8	A, B, D, E	1
9	A, C, D	1
10	A, B	1
11	A, B	1
12	A-2, B-1, C-4, D-3	4

Materials Needed

1. CBT Trainer's Manual for each trainer and co-trainer
2. Copies of the CBT Trainer's Manual for participants to take home at the end of training
3. Welcome folders for all participants
4. PowerPoint slides to accompany each module
5. Laptop computer, projector, and screen to show PPT
6. Flipchart paper, easel, markers, and Post-it notes
7. Materials needed for icebreakers and energizers
8. Additional materials needed for Module 8 Micro-teaching Simulation
9. Copies of participant handouts (located at the end of each module)
10. The following resource materials:
    a. *Training of Trainers (ToT) Gender Integrated Family Planning Program* (Shukhi Jibon, 2019)
    b. *Family Planning Manual* (CCSDP & DGFP 2018)
    c. *Family Planning Training Resource Package (TRP)* (USAID, WHO, & UNFPA, updated 2019
    d. *Family Planning: A Global Handbook for Providers* (2018 update)
    e. *Course Guideline for Basic Training of FWVs* (3rd edition, NIPORT)
    f. *Participants Handbook on Basic Training for FWAs* (NIPORT, 2016)
    g. *Participants Guidebook for SACMO* (NIPORT, 2014)
    h. Basic Trainers' Manual on LARCs and Permanent Methods (CCSDP & DGFP, 2012)
    i. *Trainers' Manual on Postpartum Family Planning* (CCSDP & DGFP, 2015)
    j. *Trainer's Guideline on Postpartum Family Planning Counselling* (CCSDP & DGFP, 2018)
    k. *Training Handbook on Implants* (CCSDP & DGFP, 2009)
    l. *Trainers' Module on IUD* (CCSDP & DGFP, 2019)
    m. *Trainers' Manual on Counseling on IUD Infection Prevention* (CCSDP & DGFP, 2019)

Sample Training Agenda

Competency-Based Training – Training of Trainers

Dates:

Venue:

Facilitators:

Day 1	Day 2	Day 3	Day 4	Day 5
08:30-9:00 Registration				
9:00-9:30 Session1-1	**9:00-9:30** Review	**9:00-9:30** Review	**9:00-9:30** Review	**9:00-9:30** Review
9:30-10:30 Session 1-2	**9:30-10:30** Session 4-2	**9:30-10:00** Session 5-2 (cont.) **10:00-10:30** Session 6-1	**9:30-10:30** Session 8-1 (cont.)	**9:30-10:30** Session 8-1 (cont.)
10:30-10:45 Break	**10:30-10:45** Break	**10:30-10:45** Break	**10:30-10:45** Break	**10:30-10:45** Break
10:45-11:15 Session 1-2 (cont.) **11:15-12:15** Session 2-1	**10:45-12:15** Session 4-3	**10:45-11:45** Session 6-1 (cont.) **11:45-12:15** Session 7-1	**10:45-12:15** Session 8-1 (cont.)	**10:45-12:00** Session 9-1
12:15-1:15 Lunch	**12:15-1:15** Lunch	**12:15-1:15** Lunch	**12:15-1:15** Lunch	**12:00-1:00** Lunch
1:15-2:30 Session 3-1	**1:15-2:15** Session 5-1	**1:15-2:00** Session 7-1 (cont.) **2:00-230** Session 8-1	**1:15-2:30** Session 8-1 (cont.)	**1:00-2:15** Session 10-1
2:30-2:45 Break	**2:15-2:30** Break	**2:30-2:45** Break	**2:30-2:45** Break	**2:15-2:30** Break
2:45-3:45 Session 4-1	**2:30-4:00** Session 5-2	**2:45-3:45** Session 8-1 (cont.)	**2:45-4:00** Session 8-1 (cont.)	**2:30-3:30** Session 11-1
3:45-4:15 Wrap-up	**4:00-4:30** Wrap-up	**3:45-4:15** Wrap-up	**4:00-4:30** Wrap-up	**3:30-4:00** Session 11-2

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MODULE 1

Introduction to the CBT Training

INTRODUCTION

This session sets the environment for learning and helps the participants and trainers to transition into the learning space. This session will help trainers and participants to get to know each other in the context of the ToT, clarify expectations, and outline learners' and trainers' roles in the learning experience. The session includes an opening ceremony as a part of the introduction to and overview of the ToT. The opening ceremony is intended to clarify the expectations of the invited dignitaries and participants from the training and outline how participants will go on to use what they learn. The opening ceremony should reflect the commitment of the leadership to improving trainer competencies to build the capacity of family planning (FP) service providers to deliver quality FP services.

TOTAL MODULE TIME

2 h.

LEARNING OBJECTIVES

- Get to know each other.
- Express expectations for the training.
- Assess baseline knowledge and identify training needs through the pre-test assessment.
- Explain the training objectives.
- Describe how the training will be monitored and evaluated.
- Understand how to apply the knowledge and skills acquired during training

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Discussion
- Pre-test assessment

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Post-it notes
- Attendance sheet
- Welcome folders for all participants
- Bowl/box for Activity 7
- Handouts 1A, 1B, 1C, 1D

ADVANCE PREPARATION

- For the official opening, be sure that you know who will be officiating and arrange a separate schedule for the official opening that includes names and designations of the dignitaries.
- Arrange the opening schedule in a way that is appropriate for local context and protocols.
- Review Handout 1C and select icebreakers suitable for the group of participants.
- Prepare welcome folders for participants with pen, notebook, name tag, etc.
- Review PPT slides.
- Make copies of Handouts 1A, 1B, 1C, and 1D for all participants.
- Prepare a schedule of the training, with time for meals and breaks.

SESSION OVERVIEW

ACTIVITY	TIME
Session 1-1: Official Opening	30 min.
Session 1-2: Overview of the Training	90 min.
Total Session Time	**2 h.**

Session 1-1: Introduction to the Training

30 min.

This is a placeholder for the official ceremony to open the training, with invited guests and dignitaries. The exact nature and components of this official opening will vary according to the specific context. It is important that trainers and organizers plan ahead to ensure an inclusive and positive opening.

Session 1-2: Overview of the Training

1 h. 30 min.

Activity 1: Introduction (5 min.)

Introduction of Session Objectives

Welcome the participants and any co-trainers.

Present Slide 1.1 to introduce session objectives.

Check participants' understanding of each objective.

Explain that each session will start with an introduction of session objectives to help participants understand what learning activities will take place in each session.

Activity 2: Group Work (20 min.)

Introduction Exercise – Option A

(use when participants already know each other at least by name)

Give the instructions on **Slide 1.2a.**

Ask participants to write on their notepad a few things that describe them and would help someone to identify them, for example:

- I work at (name of facility) as a (designation).
- I am an FP provider at (facility and area name).
- I wear glasses.
- I am tall.

Fold the slips of paper and put them into a bowl, after everyone has completed the short task.

Ask participants to stand in a circle and invite each participant to pick a slip of paper from the bowl.

Explain:

- Each participant will pick a paper from the bowl, one at a time.
- They will read aloud what is written on the paper and try to guess which person it describes (they only have one chance to guess!)
- If a person is correctly identified, s/he sits down.
- If the guesser is incorrect, then the slip of paper is returned to the bowl.
- We will continue until everyone has been identified.

Remind participants to write their names on the nametags provided in their folders.

Distribute **Handout 1A** (options for introductions and ice breakers).

Introduction Exercise – Option B

(use when participants do not know each other at all)

Ask participants and trainers to form groups of 2–3 with people they do not know.

Give the instructions on **Slide 1.2b.**

- Introduce yourselves to each other by sharing your name, where you are from, and your role as an FP trainer/provider.
- Mention the name you wish to be called during the training.

- Be ready to introduce each other in plenary.

Invite the groups to introduce each other to the whole group, one at a time.

Remind participants to write their names on the nametags provided in their folders.

Distribute **Handout 1A** (options for introductions and ice breakers).

Activity 3: Individual Exercise (10 min.)

Learning Objectives

Give each participant 2 post-it notes.

Ask each participant to write 2 learning expectations they have for this Training of Trainers (ToT) on the post-it notes.

Collect the post-its, organize them according to thematic area, and post them on a flipchart. Post the paper on the wall and refer to it again after presenting the ToT objectives (Activity 6).

Activity 4: Individual Exercise (10 min.)

Pre-test Knowledge Assessment

Give pre-test knowledge assessments as individual assignments.

Explain that you are aware that the participants are all experienced trainers and, as trainers, they value continued learning, self-reflection, and professional development—they know that learning has no end.

Explain that the purpose of the pre-test is therefore for participants and trainers to:

- Identify experience, knowledge, skills, and attitudinal resources available among the participants that can be utilized to enrich the learning experience in this Training of Trainers.
- Identify areas of focus and needed learning.
- Adjust the training approaches, as necessary.

Distribute **Handout 1B** (pre-test knowledge assessment).

Allow participants 20 minutes to complete the assessment.

Collect the completed questionnaires for marking. (Score the pre-tests using the answer key provided in the Notes to the Trainer section at the beginning of this manual.)

NOTE: Question 12 is about gender and assumes that the *Supplementary Training Module: Gender Integrating in Family Planning Services* (Shukhi Jibon, 2020) is added to this training. If it is not, question 12 should be omitted.

Activity 5: Discussion (5 min.)

Goals and Objectives of the ToT

Display Slide 1.3 and check that the goal is understood.

Display Slide 1.4.

Ask participants in turn to read each objective and explain it in their own words.

Summarize that competent trainers are those who use their CBT skills effectively to produce competent FP service providers capable of providing quality FP services.

Explain that trainers are therefore essential to quality FP service delivery.

Refer participants to the ToT schedule in their folders.

Review the flipchart where you posted the expectations participants shared earlier and highlight expectations that are aligned with the objectives. Clarify that others might be outside the scope of this training. Where relevant, refer participants to online resources, handouts, and other resources they can read on their own to meet these outside expectations.

Explain what will be covered with emphasis on the application of adult learning, CBT methods, and planning for application in their workplaces.

Activity 6: Discussion (5 min.)

Training Monitoring and Evaluation Methods

Ask participants to think back to trainings they have attended—what methods did they observe the trainers using in introductory sessions?

Acknowledge responses and record them on a flipchart. If the below are not mentioned, be sure to mention them:

- Lecture
- Discussion
- Small group work
- Individual learning/skills practice
- Exercises
- Roleplay
- Case study
- Demonstration and return demonstration

Explain that this training is competency-based and will use all of the above methods.

Explain that trainers will also discuss how the CBT methods are used in this training and how the participants can use the methods to train FP service providers.

Explain that this training will also use the

- *Training of Trainers (ToT) Gender Integrated Family Planning* (Shukhi Jibon, 2019)
- *Family Planning Manual* (CCSDP & DGFP 2018)
- *Family Planning Training Resource Package (TRP)* (USAID, WHO, & UNFPA, updated 2019
- *Family Planning: A Global Handbook for Providers* (2018 update)
- *Course Guideline for Basic Training of FWVs* (3rd edition, NIPORT)
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- *Trainers' Manual on Postpartum Family Planning* (CCSDP & DGFP, 2015)
- *Trainer's Guideline on Postpartum Family Planning Counselling* (CCSDP & DGFP, 2018)
- *Training Handbook on Implants* (CCSDP & DGFP, 2009)
- *Trainers' Module on IUD* (CCSDP & DGFP, 2019)
- Other updated evidence-based materials that are available

Explain that monitoring will be done through:

- Question and answer
- Knowledge assessments
- Quizzes and observations
- Feedback using checklists during simulations
- Daily reflections and sharing of key "takeaway messages" and how participants will use the learning

Explain that, on the last day, participants will be expected to demonstrate application of what they have learned through micro-teaching/simulation sessions.

Activity 7: Discussion (10 min.)

Setting Group Norms

Ask participants to establish ground rules or norms that they all agree to respect during the training.

Record all norms on a flipchart and post it on the wall for the duration of the training.

Encourage norms that include:

- Timekeeping in order to meet objectives.
- Participation by everyone and showing respect for others' contributions.
- Staying focused on the objectives and learning needs.
- Both facilitators and participants are responsible for fostering learning and for creating a positive learning environment.
- Energizers can be used when the energy is low, and everyone will participate.

Distribute **Handout 1C** with examples of energizers.

Activity 8: Presentation (5 min.)

Journaling Your Learning

Explain that participants should write down key takeaway messages in a journal to help them remember the new things they learn, what they want to apply in their work, and how they will apply it.

Encourage them to be as specific as possible in noting how they will apply what they learn (e.g., *"share with colleagues so as to change xxxx when teaching xxxx to do xxxx" or to "change the way I teach participants by doing xxxx".*

Explain that what they write in their journal may help them identify areas to include in their plans for future work and may also inform trainers' plans for follow-up.

Distribute **Handout 1D,** the template for journaling.

Activity 9: Conclusion (5 min.)

Summary and Conclusion

Explain that the next sessions will begin to build their capacity as trainers, and they will observe how facilitators use the different CBT methods.

Module 1 Handouts

HANDOUT 1A

Options for Introductions Exercises and Ice Breakers

An "ice breaker," or "opener," is an activity held at the beginning of a meeting or training to help participants relax, get to know each other, and begin a conversation.

Lifelines

Purpose: To help participants to get to know each other.

Time Required: 20–30 minutes

Materials Required: Flipchart, paper, and markers

Description:

- Ask participants to draw a line on a flipchart, in landscape. If needed, they may use additional paper.
- At one end they write their date of birth. Along the line participants write the important events in their life that shaped the person they have become today. The events may be personal, professional, or simply interesting.
- After each participant completes their "lifeline" they will explain it to the group.

What's Your Name?

Purpose: To help participants and the trainer learn each other's name.

Time Required: 15–20 minutes

Materials Required: None

Description:

- Ask each participant to introduce themselves to the group by giving their names and one simple but unusual thing about themselves. For example, "My name is Khurshid and I drove a tank."
- The next person repeats the name and information about the first person and adds his/her own name and fact—for example, "Khurshid drove a tank; my name is Sanjeet and I don't like chocolate."
- Each person follows the same procedure, recalling all of the names and facts.

Shout, Whisper, Sing

Purpose: To help participants remember new names after an initial introduction.

Time Required: Approximately 10 minutes, depending on group size

Materials Required: None

Description:

- Ask participants to stand in a circle.
- Explain that you are going to call out someone's name as you cross the circle towards him/her.
- The person whose name you called should then take your place in the center of the circle.
- The person who is now in the center should call out someone else's name and that person moves to the center.

- When your name is called again, continue the game, but this time everyone must whisper the person's name.
- Finally, when your name is called out again, continue the game, but this time everyone must sing the person's name.

The Interview

Purpose: To introduce participants and learn something about them.

Time Required: 20-30 minutes

Materials Required: Pen and paper for note taking

Description:

- Ask participants to choose a partner they don't know.
- Give the pairs 5 minutes to interview each other. Instruct them to find out as much about their partner as possible. Notes may be taken.
- After the interviews, ask each person to introduce their partner to the rest of the group in 2 minutes.

Note: *This exercise works best for groups of fewer than 20 people.*

The Cocktail Party

Purpose: For larger groups to get acquainted with as many people in the group as possible.

Time Required: This is up to the trainer and depends on the size of the group. Each introduction takes 1 minute.

Materials Required: None

Description:

- Ask person to introduce themselves to someone and spend a minute learning about each other.
- After 1 minute, ask everyone to find a new person to get acquainted with for 1 minute.
- Continue changing person every minute as time permits. The longer you spend at the exercise the more person will meet one another.

Common Ground

Purpose: This introduction works for small groups, especially for a small group working as a team. It also works well when there are several small groups that make up a larger group.

Time Required: 10–15 minutes

Materials Required: Pens and paper (enough for each group to have their own)

Description:

- Divide participants into small groups.
- Instruct each group to list everything they can find that they have in common. Give them a time limit (5 minutes or so) and tell them to avoid the obvious things like "We are all in this workshop," "We are all human," etc.
- Ask each group to assign one person to write down the things the group has in common.
- When the time is up, ask each group to read the things on their list.

Who is Who?

Purpose: To help participants and the trainer to learn something about each other. It works best when people already know each other, at least by name.

Time Required: 20 minutes

Materials Required: A slip of paper and a pen or pencil for each participant, and a bowl

Description:

- Hand out a slip of paper and a pen to each participant.
- Ask each participant to write several things about themselves that would help other participants recognize them (such as "tall," "curly hair," "wears glasses," etc.).
- Ask participants to fold the slips of paper and put them into a bowl.
- Ask each participant to pick a slip of paper from the bowl.
- One at a time, ask participants to identify the person described on their slip of paper.

Catch the Ball!

Purpose: To help participants learn each other's names.

Time Required: 30 minutes

Materials Required: A ball, preferably large and easy to catch

Description:

- Have participants form a circle.
- Begin the exercise by throwing the ball to someone in the circle.
- The person who catches the ball must name the person who threw it.
- The person who caught the ball throws it to another person who names him/her, and the game continues.

Variation: *With small groups it is possible for each person who catches the ball to recite the names of all the people who have already thrown the ball.*

Pass the Fruit

Purpose: To help participants learn something about each other.

Time Required: ~20 minutes, depending on the size of the group

Materials Required: A piece of fruit big enough for participants to pass to each other without using their hands.

Description:

- Arrange participants in a circle.
- Give the first person a piece of fruit and ask him/her to pass the fruit to the next person without using his/her hands.

Two Truths and a Lie

Purpose: To help participants who already know each other get to know more about each other.

Time Required: 12–30 minutes, depending on the number of participants

Materials Required: One small prize

Description:

- Each participant should first give their name and designation and then tell the rest of the group 3 interesting things about themselves. Two of the things must be true and one much be false. The facts should be things that the rest of the participants are not likely to know.
- The group has to decide which piece of information is the lie.
- After everyone has introduced themselves and their lie, ask the group to vote on the best or most imaginative lie.
- Give the person who wins a small prize.

Two Loves and One Hate

Purpose: To help participants who already know each other get to know more about each other.

Time Required: 12–30 minutes, depending on the number of participants

Materials Required: One small prize

Description:

- Ask participants to write down 2 things they really love and 1 thing they really hate on a piece of paper. Encourage participants to write unusual things, not ordinary everyday things.
- Instruct participants to put their paper face down and not show other participants.
- Ask each person to take a turn reading their 2 loves and 1 hate to the rest of the group. Participants should present each item by saying "The first thing I love or hate is-----"
- Ask the rest of the group to guess which things the person loves and what is the one thing the person hates. At the same time the person tells the things they love and hate, they should also briefly introduce themselves to the other participants.
- At the end of the exercise ask participant to vote on who had the most interesting or outrageous "hate" (or love!) and give him/her a prize.

Mix and Match

Purpose: To match up participants for mutual introductions.

Time Required: 30 minutes

Materials: A picture or graphic, such as a holiday greeting card, postcard, or image from materials related to the training (such as a presentation slide or illustration). Whatever you use, you will need one for each pair of participants.

Description:

- Collect the images you have decided to use.
- If you use greeting cards, cut off everything except the first page with the picture on it. Whatever you use, you will need one picture for each pair of participants. Each pair should have a different picture if possible.
- Cut each picture into two pieces. If you don't have a different picture for each pair of participants, then cut the pictures in different ways (vertically, horizontally, with a wavy line, etc.).
- Distribute one piece of a picture to each participant.
- Instruct participants to mix with each other until they find the person holding the other piece of their picture.
- When they find a partner, each person should find out enough interesting information about their partner to introduce their partner to the rest of the group.
- Gather the group together and have each pair introduce their partner to the rest of the group.

The Walking Billboard

Purpose: To provide an interesting way of having a new group of participants mix with each other and share information about themselves.

Time Required: 30 minutes

Materials Required: A half of a piece of flipchart paper for each participant, masking tape, markers for each participant.

Description:

- Ask participants to think of some things they would like to learn about other participants.
- Now, ask them to take their flipchart paper and write those things about themselves, and attach it to their back or shoulders using masking tape.
- Ask them to walk around the room and discover who everyone is—discussing why they chose the things they chose, the stories behind them, etc.

Self-disclosure

Purpose: To introduce participants to each other. This is useful as an opening exercise for participants who already know each other.

Time Required: 2 minutes for each person

Materials: None

Description:

- Ask each person to take 2 items from their purse/bag or pocket. Suggest that they take out things that are important to them for some reason or another.
- Ask each person to introduce themselves and explain why the items are important to them.

Note: You can also relate this exercise to a specific training. For example, ask "How does this item relate to you as a potential trainer?

Learning from Experience

Have participants introduce themselves and explain one thing they have learned the hard way about the topic you are covering. Post their "lessons learned" on a flipchart. Refer to them throughout the class.

Challenges and Objectives

Divide the class into small teams. Instruct teams to identify their challenges in the topic and their objectives for the training on a piece of paper. Post papers on flipcharts. Have them to introduce their team and share their work with the rest of the class.

Role Models

Ask each person to identify someone who is a role model for the topic being discussed. Have them share the person's name and the qualities or characteristics that make them a good role model. Post characteristics on a flipchart.

Collective Knowledge

Ask participants to work in teams to identify 5 rules for dealing with challenging participants, Write the rules on flipchart paper.

A Helpful Colleague?

Ask participants to identify someone who has contributed to their professional development and who they admire. As they introduce themselves, ask them to explain their relationship to the person who contributed to their development.

NOTE: *Trainer can use other exercises and/or ice breakers appropriate to the context of the training.*

HANDOUT 1B: PRETEST

Assessment Questionnaires for ToT Participants

Competency-based Training (CBT)

Name:

Venue: **Date:**

Instructions:

- Read each question carefully and circle the correct answers or match the correct answers.
- Some questions have more than one correct answer, circle all correct answers.
- Make sure to write your name, training venue, and today's date.

Time: 30 min.

1. Competency-based training methods transfer learning techniques that help participants to:

a) Enhance job satisfaction
b) Develop clinical skills following standard guidelines
c) Enhance knowledge about family planning policies
d) Develop positive attitudes toward family planning
e) Develop competencies to provide family planning services

2. Clinical checklists are used:

a) To assess skill levels of providers prior to training
b) In demonstration and return demonstration during training
c) During self-assessment of providers providing clinical services
d) During evaluation of providers

3. The factors that are important in helping staff to do their jobs correctly are:

a) Clear job expectations
b) Supportive working environment (equipment and supplies)
c) Motivation and incentives to do the job correctly
d) Criticizing, being harsh, and punishing them when giving feedback about incorrect performance
e) The knowledge and skills to do the job correctly

4. Match the training method with its description/purpose:

Method	Description and purpose
a) Lecture	1) Allows participants to generate a wide variety of ideas, thoughts, or possible solutions related to a specific topic or problem, without judgment
b) Roleplay	2) Provides learners with an opportunity to think through the application of their new skills and knowledge in real life situations.
c) Case study	3) Helps participants to learn new information by listening to new information
d) Demonstration and return demonstration	4) Engages participants in dialogue to promote learning from each other and to foster teamwork
e) Brainstorming	5) Allows participants to learn by observing a process and then performing it themselves
f) Small Group Discussion	6) Allows participants to illustrate a real-life situation in the classroom by acting. Participants gain a better understanding of what it would feel like to be in that situation and simulate application of skills.

5. The training methodology that requires trainees to use decision-making skills is:

a) Group discussion
b) Roleplay
c) Brainstorming
d) Case study

6. **Learning objectives of a training should be based on:**

a) Materials available
b) Trainers' level
c) Learning needs of trainees
d) Trainers' expectations

7. Clinical training sites should be selected based on the following criteria:

a) Fancy and modern equipment is available.
b) Staff are trained to give support to the trainees.
c) It is very close to the participants' dormitory.
d) The use of protocols reflects the knowledge and skills covered in the training.

8. Reasons for follow-up of trainees are to:

a) Determine whether the trainee is doing the job they were trained for.
b) Ensure the trainee is correctly performing new skills.
c) Ensure the clinic environment continues to support the use of the trainee's new skill.
d) Help the trainees solve problems that might have occurred since completion of training.
e) Obtain feedback from the trainee on the training.

9. Which of the following statements about adult learning are true?

a) Adults learn better when training builds on their knowledge and experience and is related to their work.
b) Adults learn better when they sit and listen to new knowledge.
c) Adults learn better when they participate actively in learning sessions.
d) Adults learn better when the trainer is respectful, they feel valued, and their ideas are acknowledged.
e) Adults learn better when they are expected to practice only when they go back to their workplaces.

10. Which of the following statements about communication are true?

a) Effective communication involves asking questions, listening carefully, trying to understand a trainee's concerns or needs, demonstrating a caring attitude, and helping to solve problems.
b) Effective communication means that the correct message goes from the sender to the receiver successfully, in the way the sender intended.
c) Effective communication is all about providing information or giving advice and instructions.

11. Which of the following statements about feedback are true?

a) Effective feedback should address what a person did, not interpretation of the reasons why s/he did it.
b) Effective feedback should describe what you observed and be specific. State facts, not opinions, interpretations, or judgments.
c) Effective feedback should be given after receiving permission from the person or after letting them know that they are getting feedback.
d) Effective feedback should be based on judging what is right or wrong, criticizing, and telling the person never to repeat it again.
e) Effective feedback can be given a long time after the incident, as long as you took the notes of what was done.

12. Match the gender concepts with the correct meanings:

Concept	Meaning
a) Gender Awareness	1 Refers to the exercise of equal responsibilities and equally accessing opportunities, benefits, and existing resources, irrespective of sex, age, and power status.
b) Gender Equality	2 An awareness of the differences in roles, responsibilities, and relationships between women and men ascribed by society.
c) Gender Equity	3 Awareness of gender differences and taking initiative to bring change through actions, policies, and programs contributing to eliminate gender inequalities
d) Gender Sensitive	4 It is the process of being fair to both sexes

HANDOUT 1C
Energizers

Three truths and a lie: Everyone writes their name, along with four pieces of information about themselves on a large sheet of paper. For example, "Romesh likes singing, loves cricket, has 2 rickshaws, and loves biryani." Participants then mingle among themselves with their sheets of paper. They meet in pairs, show their paper to each other, and try to guess which of the 'facts' is a lie.

Juggling ball game: Everyone stands in a close circle. (If the group is very large, it may be necessary to split the group into two circles.) The facilitator starts by throwing the ball to someone in the circle, saying their name as they throw it. Continue catching and throwing the ball establishing a pattern for the group. (Each person must remember who they receive the ball from and who they have thrown it to.) Once everyone has received the ball and a pattern is established, introduce one or two more balls, so that there are always several balls being thrown at the same time, following the set pattern.

Ask participants to write their name in the air with a part of their body. They may choose to use an elbow, for example, or a leg. Continue in this way, until everyone has written his/her name with several body parts.

What we have in common: The facilitator calls out a characteristic of people in the group, such as 'have children'. All those who have children should move to one corner of the room. As the facilitator calls out more characteristics, such as 'likes football', people with the characteristic move to the indicated space.

The sun shines on... Participants sit or stand in a tight circle with one person in the middle. The person in the middle shouts out "the sun shines on..." and names a color or articles of clothing that some members of the group possess. For example, "the sun shines on all those wearing blue" or "the sun shines on all those wearing socks" or "the sun shines on all those with wearing sarees". All the participants who have that attribute must change places with one another. The person in the middle tries to take one of their places as they move, so that there is another person left in the middle without a place. The new person in the middle shouts out "the sun shines on..." and names a different color or type of clothing.

COCONUT: The facilitator shows the group how to spell out C-O-C-O-N-U-T by using full movements of the arms and the body. All participants then try this together. You may also ask participants to use their bodies to write out a word that is relevant to the training content (e.g., "participatory").

Afsana Says... The facilitator tells the group that they should follow instructions when the facilitator starts the instruction by saying "Afsana says...". If the facilitator does not begin the instructions with the words "Afsana says", then the group should not follow the instructions! The facilitator begins by saying something like "Afsana says clap your hands" while clapping their hands. The participants follow. The facilitator speeds up the actions, always saying "Afsana says" first. After a short while, the "Afsana says" is omitted. Those participants who do follow the instructions anyway are 'out' of the game. The game can be continued for as long as it remains fun

Additional energizers can be found here:
http://www.go2itech.org/HTML/TT06/toolkit/delivery/print/TrngMethods/100Energizers.pdf

HANDOUT 1D

Daily Journal

- Complete this journal at the end of each day of training.
- Share with trainers for their review and to identify what they need to build on or do differently the following day.
- Keep this as a record of your learning.

Name of Participant:

Name of training: **Date:**

1. Today I most enjoyed the following:

2. Today I learned the following that I will always use in my work as an FP Trainer:

3. Today I did not quite understand the following:

4. The most important knowledge and skills I learned today were:

5. Today I needed more time for:

MODULE 2

Planning for Training

INTRODUCTION

Planning for training consists of a series of activities performed by trainers to enhance smooth implementation of the training. Some activities will be performed by the management of training institutes and this session includes a table that shows activities that are performed at the leadership level. However, it is up to the trainers to ensure that these activities are implemented. This module has one session.

TOTAL MODULE TIME

1 h.

LEARNING OBJECTIVES

- Describe the role of an FP/RH trainer.
- Explain the importance of planning.
- Identify the components of planning for a training.
- Demonstrate the ability to use the planning checklist.

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Case study
- Discussion

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handouts 2A and 2B

ADVANCE PREPARATION

- Review PPT slides
- Make copies of Handouts 2A and 2B

NOTES TO TRAINER

If participants are already trainers, they will bring experiences related to what they do to plan for training. Try to build on their experiences and highlight the importance of having a checklist and assigning roles for planning, session delivery, monitoring, and evaluation in advance of the training.

SESSION OVERVIEW

ACTIVITY	TIME
Session 2-1: Planning for Training	60 min.
Total Session Time	**1 h.**

Session 2-1: Planning for Training

1 h.

Activity 1: Introduction (5 min.)

Introduction to Session Topic and Objectives

Display Slide 2.1 and ask one participant to read the session objectives.

Explain to participants that this training's remaining sessions are organized in the order that a trainer would follow to prepare for, conduct, evaluate, report on, and follow up on an actual training of their own.

Activity 2: Discussion (10 min.)

Trainer Roles

NOTE: *During the introductions and participant registration, you will have identified participants who are experienced trainers.*

Ask participants who are trainers or who have conducted a training before: What tasks did you perform?

List responses on a flipchart.

Summarize participants' responses and mention that these will be organized into at least 5 areas.

Display Slide 2.2 and mention the 5 key stages/phases of training for a trainer (Planning, Conducting Training, M&E of Training, Reporting, Follow-up), giving examples from participants' input to illustrate each broad task category.

Activity 3: Small Group Work – Case Study (20 min.)

Planning Sub-tasks

Explain that the participants will use a case study to:

- Identify problems caused by not planning properly.
- List sub-tasks for each component of planning.

Divide participants into 3 groups.

Display **Slide 2.3** and give the instructions:

- ***Objective:*** List sub-tasks for each task assigned to your group.
- ***Instructions:***
  - Read the case study individually.
  - One person reads the case study out loud to the small group.
  - One person read the questions out loud.
  - Check that everyone understands.
  - Record answers on flipchart.
  - Be ready to present in 20 minutes.

Distribute **Handout 2A**.

Ask participants to read the case study and verify that each group understands the task.

Remind participants that they can also refer to the flipcharts from the group discussions.

NOTE: *If groups are struggling, trainers may offer any of the following suggestions/hints:*

- The participants didn't pay attention to Kamal Ahmed, didn't participate, felt bored, didn't show interest in learning.
- Reviewed relevant manuals, prepared notes, was clear in speech, asked questions.
- By making the class more participatory, interactive, group works, use energizers, use visual aids.
- His supervisor and participants could help him to prevent this problem.

Activity 4: Plenary Presentations & Discussion (20 min.)

Planning Sub-tasks

Ask each group to make a presentation on their case study group work.

Invite others to add or ask for clarification.

Display **Slide 2.4** and summarize roles of trainers and managers.

Emphasize that since the trainers are the ones who are responsible for conducting the training, they are also responsible for ensuring that everything necessary is in place.

Distribute **Handout 2B** (Training Plan Checklist).

Explain that the planning tasks have been compiled into a checklist and that trainers should feel free to add other tasks, as appropriate.

Explain that they should use this checklist to ensure that their planning is systematic and there is a record of what they have planned.

Activity 5: Conclusion (5 min.)

Summary and Closing

Review the objectives and the extent to which they have been met.

Explain that after planning the next major task is conducting the training itself, and we will start with skills building in the areas of facilitation, communication, and feedback, before addressing actual conduction of training and use of competency-based training methods.

Module 2 Handouts

HANDOUT 2A

Case Study on Training Planning

Directions:

- Read this case study individually.
- When all members in your group have finished reading, one person should read it aloud for the group.
- Then one person should read the questions aloud.
- Discuss the questions as a group.
- When all groups have finished, you will present your answers and then we will discuss the case study and the answers that each group developed.

Case:

Kamal Ahmed recently was asked by his supervisor to plan and conduct a clinical skills training on intrauterine contraceptive device (IUD) insertion. He was a very proficient service provider and his supervisor felt that he would do a good job as he recently had attended a clinical mentorship skills course.

The next few weeks were very busy. Kamal Ahmed observed a trainer conducting a session on implant insertion. He read his notes from the *Family Planning Reference Manual* several times. He looked through materials from previous IUD courses conducted by other trainers and tried to think of some creative activities he could include in the training that he had been assigned by his supervisor.

Kamal Ahmed sat down with the reference manuals and started to plan for his session. He knew that he would need some notes, so he developed a set of trainer's notes. He even put some of his notes on a handout to give to the participants. He checked his notes to make sure that they were well prepared.

During his first 2-hour training session, Kamal Ahmed knew that it was important that he be clear. He stood in front of the class, read his notes in a clear voice, and made eye contact with all the participants. He also stopped periodically to ask if the participants had any questions.

During the session Kamal Ahmed noticed that the participants were not paying attention to his presentation. There were no questions being asked and the participants looked bored. After the presentation, the participants left the room for a break. Kamal Ahmed had a feeling that his first presentation was a failure. He wondered if agreeing to deliver the course was a good decision for him.

Questions

1. What were the problems?

2. What did Kamal Ahmed do well?

3. What should Kamal Ahmed have done to prevent these problems?

4. Who else could have prevented this problem? How?

HANDOUT 2B

Training Plan Checklist

Planning Activities	By Whom	By When	Comments (e.g., completed, any challenges)
Roles Clarification for Planning and Coordination			
Trainers meeting to: a. Agree on one person to lead and coordinate the training. b. Assign roles and responsibilities for the planning phase and complete the second column with names. c. Complete this checklist as the tasks are completed and take notes on where there are challenges.			
Participants			
1. Review participant selection criteria mentioned in the Trainer's Manual.			
2. Communicate with participants' supervisors: a. Confirm who has been invited according to criteria. b. Who has confirmed attendance for the training? c. Obtain participant list and participants' FP background, experience, and post-training work.			
Practicum Training Clinics			
1. Communicate with Field Trainers and existing practicum sites on: a. Dates and title of training (e.g., IUD insertion for FWVs) b. Number of participants who will be at the practicum training site			
2. Ensure adequate number of clients are booked for the period of training according to the objectives.			
3. Ensure adequate supplies and commodities for providers during the practicum.			
4. Review registries of last 3 months to understand client flow at the practicum site.			
5. Ensure availability of job aids.			
6. Meet with clinic staff and field trainers to: a. Ensure use of clinical skills checklist to standardize practices. b. Discuss participant feedback. c. Ensure use of up-to-date contraceptive technology.			

Planning Activities	By Whom	By When	Comments (e.g., completed, any challenges)
Practicum Simulation			
1. Ensure that skills labs are adequately prepared and equipped for the practicum objectives. (Equipment may need to be borrowed if not available.)			
2. All trainers meet to ensure all trainers have: a. Common coaching practices b. Standard use of the clinical skills checklists c. Common approach to giving feedback to participants d. Standard way of recording clinical skills practice e. Training materials such as roleplays, case studies, and observation checklists are available			
Classroom Preparation			
1. Ensure adequate chairs for participants.			
2. Arrange seating to enhance interaction and observation of PowerPoint presentations.			
3. Ensure there are adequate accommodations, meals, etc. for all participants.			
4. Ensure there is adequate water and sanitation facilities (e.g., separate toilets for women and men).			
5. Make and confirm arrangements for breaks and lunches.			
Preparation for Session Conduction			
Training Materials: 1. Procure all necessary facilitators' and learners' materials. a. Prepare facilitator and participant packages (notepads, pens, pencils, etc.) b. Review session plans and ensure presence of special materials (e.g., for roleplays, ice breakers).			
2. Review each session plan and print all handouts in advance and compile for each session.			
Trainer Preparation			
1. Review Training Objectives and Schedule: a. Assign facilitator(s) for each session b. Ensure any outsourced trainers have been invited and confirmed.			

Planning Activities	By Whom	By When	Comments (e.g., completed, any challenges)
2. Trainers Technical Preparation: a. Go through each session plan to understand session flow. b. Ensure availability of training materials for each session (handouts, PowerPoint presentations, case studies, roleplay scripts, small group work instructions, etc.) c. Ensure understanding of the training methods and steps in session conduction as per session plans. d. Practice session conduction as needed. e. Co-facilitators meet to discuss co-facilitation norms, managing the session, and how to support each other.* **It is strongly advised that trainers go through each session, share any experience, examples, and feedback from similar trainings that can be applied to this training.*			
Equipment and Job Aids			
1. Check functionality of audio-visual equipment.			
2. Ensure availability of flipcharts, markers, tape, flipchart stands for each session.			
3. Ensure availability of job aids before each session (e.g., anatomical models, instruments, equipment).			
Supporting Training			
1. Agree on who is going to support the other trainers during session conduction.			
2. Agree on who is going to support the outsourced trainers (ensuring they have the materials they need for session delivery).			
Monitoring and Evaluation			
1. Assign responsibilities for administration and compilation of all monitoring tools such as pre-/post-tests, conducting reflections and "where are we" sessions, participant journaling, workshop/training evaluation.			
2. Ensure that the pre-/post-tests are marked, findings documented, and applied to the review of learning as relevant.			

Planning Activities	By Whom	By When	Comments (e.g., completed, any challenges)
Training Management			
1. Confirm logistics (it is always advisable to have a person come and explain about logistics, e.g. transport arrangements, reimbursements).			
2. Agree to plans for solving problems as they arise.			
3. Ensure plans are made in advance for opening and closing ceremonies.			
4. Ensure advance planning for certification (names sent to responsible authority and signatures, etc.).			
5. Ensure arrangements are in place for participant welfare, illness, emergencies, etc.).			

MODULE 3

Adult Learning

INTRODUCTION

This session provides background knowledge that will be applied for facilitating all sessions. The participants in FP/RH trainings are adults; therefore, it is important for trainers to understand the principles of adult learning, sociocultural norms, gender perspectives, and power dynamics between men and women, all of which need to be taken into consideration during training. This module has one session.

TOTAL MODULE TIME

1 h. 15 min.

LEARNING OBJECTIVES

- Explain the concept of adult learning
- List the 3 learning domains of adults.
- Describe 9 principles of adult learning and how they can be applied to training.
- Describe adult learners' characteristics and learning styles.
- Explain the difference between adult learners and traditional learners.
- Explain the difference between trainers of adult learners and traditional teachers.
- Explain aspects of gender in FP/RH training.

TRAINING METHOLODOLOGIES

- Presentation
- Small group activity
- Discussion
- Brainstorm

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handout 3A
- Post-it notes
- Bowl/box

ADVANCE PREPARATION

- Review PPT slides
- Make copies of Handout 3A for all participants

NOTES TO TRAINER

In preparation, read the following for more content:

- K. Stack, 2006. "Adult learning principles and curriculum design for financial education." Accessed at: https://www.microfinanceopportunities.org/wp-content/uploads/2013/12/Adult-Learning-Principles-and-Curriculum-Design-for-Financial-Education.pdf.
- Jane Vella (2002). *Learning to Listen, Learning to Teach: The Power of Dialogue in Educating Adults*, Revised Edition. ISBN: 978-0-787-95967-8.
- *Jossey-Bass Higher and Adult Education Series.* Accessed at: https://www.librarything.com/series/Jossey-Bass+Higher+and+Adult+Education+Series

Overview of Sessions

ACTIVITY	TIME
Session 3-1: Adult Learning Principles	75 min.
Total Session Time	**1 h. 15 min.**

Session 3-1: Adult Learning Principles

1 h. 15 min.

Activity 1: Introduction (5 min.)

Introduction to Session Topic and Objectives

Display Slide 3.1.

Ask a few participants to read the session objectives out loud and summarize in their own words what will be discussed in this session.

Explain that the learning from this session will be applied throughout the rest of this training for facilitating learning.

Explain that recognizing the gender dynamics and what is unique about adult learners is important in deciding how learning is conducted and managed.

Activity 2: Small Group Activity (15 min.)

Characteristics of Adult Learners

Divide participants into small groups of not more than 3 per group.

Display Slide 3.2 to give the small group objective and instructions.

- ***Objective*:** Identify the characteristics of adult learners based on your experiences.
- ***Instructions:*** Write your responses on post-it notes for the following questions, based on trainings you have attended:
  - Which training was a great and important learning experience for you? Why?
  - Which trainer stood out for you as a good trainer?
  - What did she/he do to be a great trainer?
  - Total time 20 minutes.

Ask participants in groups of 3 to:

- Share and write responses to questions on post-it notes.
- While they are working, make a flipchart paper titled "Adult Learning Experience."
- Post their post-it notes on the flipchart.

Ask 2 volunteers to lead a discussion on the similarities and differences among the small groups' responses.

Highlight the differences and lead a discussion on adult learning principles.

Summarize and be sure to include the following factors:

- Feeling respected
- Participating/interacting
- Experience being used
- Relevance to their jobs
- Can apply the learning in their life/work

Activity 3: Discussion (5 min.)

Learning Domains

Ask participants what the 3 key areas of learning are by completing the following sentence:
We come for training to…… (e.g. enhance knowledge/skills, change attitudes toward) in…….

Record responses on flipchart.

Display Slide 3.3 to summarize participants' responses and fit them into the 3 main learning domains: Knowledge, Skills, and Attitudes.

Explain that these are also described as:

- Cognitive—relates to reflecting, processing ideas, thinking, knowing

- Affective—feelings, mood, attitudes
- Psychomotor—relates to action, doing, skills

Activity 4: Presentation & Discussion (5 min.)

Adult Learning Principles and Application to Training

Explain that we will go through the adult learning principles and what they as trainers can do for each principle.

Display **Slides 3.4a, 3.4b,** and **3.4c** to present principles of adult learning and effective learning factors.

Ask participants to give examples from their experience as adult learners.

Record these on a flipchart titled "My experience as an adult learner."

Explain that as adult learners it is important to draw on participants' contributions and examples, whenever relevant.

Display **Slide 3.4d** and summarize key rules of adult learners and mention that the reason this learning uses competency-based training methods is that:

- Adults have experiences and learning needs, and they want to apply learning and learn best by doing.
- A lot of the learning activities are focused on sharing, group work, and doing/practicing.

Distribute **Handout 3A** (Adult Learning Principles).

Activity 5: Presentation (10 min.)

Key Points on Adult Learning Cycle

Display **Slide 3.5.**

Explain that adults go through a learning cycle as follows:

- **They experience** by doing: They share ideas, opinions, learn new knowledge/skills by doing/acting/practicing.
  - **For example:** *We are motivated by self-interest, we want to contribute to and participate in our own learning. They also retain more information when they can practice doing it (20/40/60 rule).*
- **Process:** They ask themselves *"what does this mean?"* They review, compare, reflect, and try to relate to some other experiences and on-the-job situations.
  - **For example:** *"What does this mean to me as a participant in this training? Is that why trainers are using a lot of discussion and asking us to write something or asking for and using our examples?"*
- **Generalize:** =they draw conclusions (e.g., this is what it means, how it works, or this is why this is like this). What stood out as important for me?

- **For example:** *I have really learned from being an adult learner and observing how trainers relate to us in this training so far. I now understand the differences between adult learners and child learners.*

- **Application:** "How will I use what I have learned?" Adult learners want to know how the content is relevant and applicable to their work.
  - **For example:** *"In my own training, I will always remember the principles of adult learning and that adult learn more by doing and not just listening."*

Activity 6: Brainstorm (10 min.)

Differences Between Adult Learners and School-based or Traditional Learners

Remind participants of the principles of adult learning and the adult learning cycle.

Ask participants to share what they think the differences are between adult learners and traditional/school-based learners.

Record all responses on flipchart.

Display Slide 3.6 to discuss the difference between adult learners and traditional/school-based learners.

Ask participants to share what they think the differences should be between trainers of adult learners and traditional/school-based teachers, based on the differences between the adult learners and traditional/school-based learners noted on the flipchart.

Display Slide 3.7 to add to and clarify participants' ideas on the difference between trainers of adult learners and traditional/school-based teachers.

Activity 7: Discussion (15 min.)

Gender Considerations in Training

Ask participants to write on a piece of paper what they feel about being in this training in relation to their gender (being a man or a woman). They do not have to write their name. Share the phrase below to stimulate their thinking:

> *"As an adult woman/man being here I feel _____,* or *the following should be respected _____ ,* or *I will not feel comfortable doing _____ if _____ happens."*

Place the written notes folded papers in a bowl/box.

Ask each participant to pick a paper out of the bowl/box and read what it says.

Explain that in addition to being adult learners it is important for trainers to recognize that there are sociocultural gender-related factors, norms, and power dynamics between men and women that will play out in learning activities.

Ask participants to share examples from the notes they picked from the bowl.

Display **Slides 3.9a** and **3.9b** to lead a discussion on gender factors that might play out in learning situations and how to manage these.

Ask participants to (anonymously) write on a post-it their answers to the question: "What gender-related issues should be taken into consideration during this training that trainers should be aware of?"

Review these considerations and respect them.

Activity 8: Presentation (5 min.)

Summary of Different Styles of Adult Learners

Explain that in adult learning it is also important to note that learners are all different.

- Activists, who are very active, take initiative, and lead naturally.
- Reflectors, who take their time to process, think, and reflect; some are introverted and quiet, but they are learning.
- Theorists, who are interested in the theory and ideas behind the content and in abstract concepts.
- Pragmatists, who like to see action, try out skills, and experiment.

Display **Slide 3.10** to provide language to describe adult learners by their learning style.

Emphasize that trainers just need to be aware of these styles and how they complement or can hinder learning.

Activity 9: Conclusion (5 min.)

Summary of the Session and Closing

Conclude with **Slide 3.11.**

Explain that this training will be based on learning by sharing, doing, and trying out new ideas.

Explain that trainers will demonstrate application of adult learning throughout the next sessions and apply the gender considerations that the participants shared.

Review session objectives and learning in summary.

Module 3 Handouts

HANDOUT 3A

Adult Learning Principles

Principles	Learning Motivating Factors
Personal Motivation and Benefit	Learning should: • Satisfy a felt or identified need • Solve or avoid a problem • Provide an opportunity for recognition, promotion, or improved status • Lead to professional or personal growth.
Have experience and prior knowledge or attitudes or opinions	• Build on what is already known • Validate their expertise • Encourage sharing of ideas • Allow for freedom of expression
Self-directed	• Foster ownership in learning • Allow for: - Decisions about the content and process - Contribute to the learning of their co-learners and facilitators - Some degree of independence in the learning process - Some degree of independence in setting the pace of learning - Active participation in the learning process
Task-centered orientation for learning	• Explain objectives • Why the learning is important
Immediacy	• Apply learning immediately in classroom simulations. • Allow for: - reflection on what is important learning/takeaway message - how learning will be applied in the job situation - Time to practice new skills or test new knowledge - Support immediate on-the-job application of new knowledge and skills during follow-up and supportive supervision

Adults learn the best when:

- Learning is relevant to learner's experience and real work/life
- There is dialogue: 2-way, interactive/active participation
- They are engaged in learning activities: discussions, small group work, peer support, learning from each other
- Immediacy: apply learning immediately
- Respect: feel respected and equal to the trainers
- Cognitive, affective, and psychomotor interaction: thinking, emotion, and doing
- Affirmation: praise and positive feedback is given
- Learning in a safe space: share values, ideas, contributions without judgment

"20/40/80 Rule"

Adult learners tend to remember:

- 20% of what they **hear**
- 40% of what they **hear** AND **see**
- 80% of what they **hear** AND **see** AND **do**
  - What I hear, I forget.
  - What I hear and see, I remember a little.
  - What I hear, see, and ask questions about or discuss with someone else, I begin to understand.
  - What I hear, see, discuss with others, and do allows me to acquire knowledge and skills.
  - What I teach to another, I master.

MODULE 4

Effective Facilitation Skills

INTRODUCTION

Session 4-1: Facilitation involves a mindset of helping others to perform better by creating growth opportunities and by providing coaching that allows others to take on more ownership and control of their performance. The trainer's job is to support everyone to do their best in thinking, sharing, and acting positively. Facilitators create an environment where everyone is recognized as an adult learner and is encouraged to participate, understand, and respect one another's point of view, and to share responsibility for learning.

Session 4-2: This session builds on the facilitation skills introduced in 4-1 and prepares participants to use effective communication skills in a facilitator/trainer role**,** while also applying principles of adult learning and gender considerations related to training.

Session 4-3: Feedback is an important aspect of training. Both trainers and participants should have the skills to give and receive feedback, as the main purpose of feedback is to improve performance. In this session participants will apply what they have learned about facilitation and the communication cycle to give and receive feedback. Participants are not the only ones who receive feedback—trainers should develop a culture of asking for and receiving feedback from participants to improve their training skills and adjust their approaches to meet participants' needs.

TOTAL MODULE TIME

3 h. 30- min.

LEARNING OBJECTIVES

- Define facilitation.
- Describe the role of facilitators/trainers.
- Describe the key competencies (knowledge, skills, attitudes) and characteristics of an effective facilitator/trainer.
- Explain how to make co-facilitation effective.
- Describe the roles of lead facilitator and co-facilitator.
- Describe the communication process in the context of a facilitator/trainer's role.
- Demonstrate key communication skills used in facilitation/training.
- Explain how different sociocultural norms, roles, expectations, power differentials, opportunities, and constraints assigned to women, men, girls, and boys influence how trainers communicate.
- Describe the role of feedback in competency-based training.
- Explain the rules for giving and receiving feedback.
- Demonstrate giving feedback.

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Large group activity
- Discussion
- Brainstorm
- Roleplay

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handout 4A, 4B, 4C
- Training of Trainers (ToT): Gender Integrated Family Planning (Shukhi Jibon, 2019)

ADVANCE PREPARATION

- Review PPT slides
- Make copies of Handouts 4A, 4B, and 4C for all participants

NOTES TO TRAINER

In preparation, it is recommended that you review the following for additional context:

- *Family Planning Manual* (CCSDP and DGFP, 2018)
- *Training of Trainers (ToT) Gender Integrated Family Planning Program* (Shukhi Jibon, 2019)
- *Training Resource Package for Family Planning* (https://www.fptraining.org/)
- O'Sullivan, G.A., Yonkler, J.A., Morgan, W., and Merritt, A.P. *A Field Guide to Designing a Health Communication Strategy: A Resource for Health Communications Professionals* (Baltimore, MD: Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, March 2003. Accessed at: https://www.thecompassforsbc.org/sbcc-tools/field-guide-designing-health-communication-strategy.

Throughout the session apply adult learning principles from the previous session and allow participants to:

- Ask question, listen and respond honestly
- Make comments or share their own experiences
- Share their opinions
- Respond to each other's questions
- Generate examples from their role as FP service providers

SESSION OVERVIEW

ACTIVITY	TIME
Session 4-1: Facilitation Skills	60 min.
Session 4-2: Communication Skills in Facilitating Training	60 min.
Session 4-3: Giving and Receiving Feedback	90 min.
Total Session Time	**3 h. 30 min.**

Session 4-1: Facilitation Skills

1 h.

Activity 1: Introduction (5 min.)

Overview and Session Objectives

Display **Slide 4.1.1.**

Explain the topics to be discussed in this session.

Ask any participant to read the learning objectives aloud and summarize what will be learned from this session in their own words.

Remind participants that when facilitating a training they must always apply the principles and learning styles of adult learning introduced in the previous session.

Activity 2: Brainstorm (5 min.)

The Meaning of Facilitation

Ask the participants to brainstorm words or phrases that define the term "facilitation."

Acknowledge the responses and record them on a flipchart. You can supplement or prompt with examples like t*eaching, helping, leading, guiding.*

Summarize participants responses.

Display **Slide 4.1.2** to clarify the meaning of facilitation.

Emphasize that facilitation is about leading toward an agreed upon goal or objectives, systematically and step by step. It is not about doing *for* trainees, but rather taking them through a process where they are eventually able to do it by themselves. It builds on thinking and experiences of participants.

Activity 3: Small Group Work (20 min.)

Roles and Characteristics of a Good Facilitator

Divide participants into 4 small groups.

Display **Slide 4.1.3** to give small group instructions.

- **Objective:** State the roles and characteristics of an effective facilitator
- **Instructions:** In your small groups discuss and list on flipchart:
  - Roles of an effective facilitator
  - Based on those roles, what are the characteristics of an effective facilitator?
  - Add other characteristics from your own experience as a facilitator or participant.
  - Be ready to present in 20 minutes.

Provide flipchart and markers to each small group.

Activity 4: Plenary Presentations & Discussion (15 min.)

Characteristics of an Effective Facilitator

After 20 minutes, ask one group to present (starting with the roles of an effective facilitator).

Ask other groups to add to the presentation from their own small group work until every group has added to the first group's presentation.

Ask if there are any questions or need for clarification.

Display **Slides 4.1.4, 4.1.5a, 4.1.5b,** and **4.1.5c.**

Ask participants to compare the slides' content with their compiled contributions from the small group work.

Invite any further clarifications and additions.

Highlight the following:

- The roles are interconnected.
- It is a *facilitative* role—it is about leading, helping, and guiding, rather than a hierarchical "teacher–pupil" relationship.

Explain that the trainer/facilitator is:

- Competent
- Neutral
- Guides systematically—does not just let discussion flow
- Helps the group to stay focused and own the learning
- Draws the quieter participants into the discussion

Ask another group to present the characteristics they generated in their small group work.

Repeat the same process and ask other groups to add to the presentation.

Display **Slides 4.1.6a, 4.1.6b,** and **4.1.6c** to summarize and add to participants contributions.

Activity 5: Large Group Discussion (10 min.)

The Role of the Co-facilitator

Ask the participants: What is the role of a co-facilitator? What makes a good co-facilitator?

Acknowledge and record their answers on the flipchart.

Display **Slides 4.1.7, 4.1.7a,** and **4.1.7b.**

Roles of a Good Co-facilitator

- Extra eyes and ears
- Extra support for participants during small group activities
- Help stimulating/prompting questions
- Help clarify issues
- Notify of timing in advance
- Offer assistance at all times
- Does not try to outperform/overshadow the facilitator
- Give feedback to facilitator after the session
- Offer support when technical queries arise

Activity 6: Conclusion (5 min.)

Summary and Conclusion

Review session objectives.

Display **Slide 4.1.8** to give key points.

Acknowledge participants for their contributions and being active throughout the session.

Distribute **Handout 4A.**

Explain to participants that the learning from this session will be applied in the next sessions on communication and feedback, and we will continue to apply the principles of adult learning from the previous session.

Session 4-2: Communication Skills in Facilitating Training

1 h.

Session Introduction: *This session builds on the facilitation skills introduced in Session 4-1 and prepares participants to use effective communication skills in a facilitator/trainer role, while also applying principles of adult learning and gender considerations related to training.*

Activity 1: Discussion (2 min.)

Session Topic and Objectives

Display **Slide 4.2.1.**

Ask a participant to read session objectives out loud and summarize in their own words what will be covered in this session.

Activity 2: Brainstorm (3 min.)

The Meaning of Communication

Ask participants to brainstorm what they know or think about when they hear the word "communication."

Acknowledge and record responses on a flipchart.

Summarize participants' responses.

Display **Slide 4.2.2** to give the meaning of communication.

Activity 3: Discussion & Presentation (10 min.)

Communication Process

Ask participants what is required for communication to take place (keeping in mind the definition you presented).

Acknowledge and record responses on a flipchart. Be sure the following are included:

- A person who has the information to give
- A message
- A person receiving the message

Display **Slide 4.2.3.**

Explain the communication process and ask participants to give examples. You can give the following example: *A trainer is a sender of a message; participants are receivers.*

Ask participants to give examples of a *message* and how it can be transmitted. You can supplement with the following:

- By verbal or written means in a handout (e.g., content on benefits of family planning)
- Small group work instructions – verbally and/or by written handout
- Invitation to a training – verbally or non-verbally by letter or text message
- Report about a training – verbally and in writing

Explain the following:

Channels can be:

- Verbal or written in a handout or PowerPoint presentation
- Non-verbal: handout, demonstration of behavior (e.g., facial expression)
- Audio recording
- Pictures or graphics

Receivers can be providers being trained, clients, supervisors, etc.

- Who interprets the meaning of the message?
- Understanding/interpretation can be checked by asking the receiver to paraphrase or summarize.

Feedback is:

- What the receiver does to show they understand the message. This could be verbal or non-verbal.
- For example, in training the message could be "go to your small groups and list benefits of Injectable contraceptives," communicated both verbally and by PowerPoint slide.
- Participants move (non-verbally) to their small group, the trainer observes them doing the task as per instructions and verbally when they present the benefits of DMPA.

Activity 4: Discussion (5 min.)

Communication Skills

Ask participants to reflect on the previous session on facilitation skills and their observation in this training so far. What are common communication skills facilitators/trainers use in training?

Record responses on flipchart. Supplement with the following if necessary:

- Talking – presentation
- Asking questions
- Paraphrasing
- Summarizing

- Active listening
- Encouraging
- Non-verbal (such as nodding, eye contact, body language)
- Observation
- Use of words and voice modulation
- Flexibility
- Tailored approach

Display **Slide 4.2.4**.

Activity 5: Small Group Work (20 min.)

Practice Using Communication Skills

Divide participants into small groups of 3.

Display **Slide 4.2.5** to give small group instructions.

- ***Objective:*** Practice using communication skills in training
- ***Instructions:*** In your small groups agree on how you will demonstrate the communication skill assigned to your group.
  - Group 1: Asking close-ended and open-ended questions
  - Group 2: Active listening and responding to participants' responses
  - Group 3: Maintaining eye contact and encouraging participation
  - Group 4: Encouraging verbal and non-verbal communication
  - Group 5: Giving instructions effectively
  - Group 6: Managing questions that:
    - Have nothing to do with topic under discussion
    - You do not know the answer to
    - Are intimidating

Give groups 5 minutes to prepare.

Ask groups to demonstrate the communication in turns (1 minute per group).

Display the relevant slides after each small group presentations to give key points of emphasis as follows.

- Asking open- and closed-ended questions – **Slides 4.2.6** and **4.2.7**
- Active listening – **Slides 4.2.8** and **4.2. 9.**
- Giving instructions effectively – **Slide 4.2.10**
- Responding to questions – **Slides 4.2.11, 4.2.12, 4.2.13** and **4.2.14**
- Managing questions – **Slides 4.2.15** and **4.2.16**

Explain that the way trainers communicate also displays their attitudes and application of adult learning principles.

Ask participants to give examples of these attitudes:

- Being attentive

- Confidence
- Respect
- Integrity and honesty
- Caring
- Emphasize that "what we do and what we say" and "what we don't do and what we don't say" both communicate a great deal, including about ourselves.

Encourage participants to observe how facilitators/trainers use these communication skills and to practice them during future small group work and roleplays.

Activity 6: Discussion (15 min.)

Gender Considerations in Communication

Ask participants to share some factors related to participants' gender (being a woman or a man) that affect communication and that they need to consider in training.

Record responses on flipchart and supplement with the following if necessary:

- Unequal power between men and women
- Male participants being dominating and speaking over female participants
- Female participants not being assertive
- Female participants feeling less empowered to communicate, including giving feedback
- Not maintaining eye contact (men and female) as this might not be culturally appropriate
- Some words not appropriate to use in mixes gender contexts

Ask participants to mention all sociocultural norms, constructs, roles, expectations, power differentials, opportunities, and constraints that they need to be aware of in communicating, for example:

- When asking questions
- Responding to questions
- Giving small group instructions

Explain that these must be considered, accepted, and respected by trainers.

Refer participants to the *Training of Trainers (ToT): Gender Integrated Family Planning* (Shukhi Jibon, 2019).

Activity 7: Conclusion (5 min.)

Summary and Conclusion

Review session objectives and the extent they were met.

Acknowledge participants for their contributions and being active throughout the session.

Explain to participants that the learning from this session will be applied in the next session on feedback, and we will continue to apply the principles of adult learning from the previous session.

Session 4-3: Giving and Receiving Feedback

1 h. 30 min.

Session Introduction: *Feedback is an important aspect of training. Both trainers and participants should have the skills to give and receive feedback, as the main purpose of feedback is to improve performance. In this session participants will apply what they have learned about facilitation and the communication cycle to give and receive feedback. Participants are not the only ones who receive feedback—trainers should develop a culture of asking for and receiving feedback from participants to improve their training skills and adjust their approaches to meet participants' needs.*

Activity 1: Introduction (5 min.)

Session Topic and Objectives

Display **Slide 4.3.1.**

Ask a participant to read the session objectives and summarize them in his/her own words.

Explain that this session applies learning from the previous session on communication skills.

Activity 2: Discussion (5 min.)

Meaning of Feedback

Ask participants who has received and provided feedback.

Explain that we all provide and receive feedback every day, we give feedback to children, colleagues, etc.

Ask: What is the meaning of feedback?

Display **Slide 4.3.2** to clarify the definition.

Emphasize that:

- It is not meant to *judge or criticize* correct or incorrect actions/ideas.
- It should be focused on helping someone to improve.
- *What* we say when providing feedback, *how* we say it, and *when* we say it are all critical to whether the feedback will be well received and achieve the intended effect.

Activity 3: Discussion (5 min.)

Reasons for Providing and Receiving Feedback

Explain that feedback is not just "trainer to participant"—it includes "trainer to trainer," "participant to trainer," and "participant to participant."

Ask participants to reflect on this training so far and share ideas about why we give feedback.

Acknowledge responses and supplement with the following as needed:

- To improve learning and behaviors
- For the training and trainers to improve

Display **Slide 4.3.3** to add to participants' contributions.

Activity 4: Discussion & Presentation (10 min.)

Types of Feedback

Ask participants what types of feedback they have received.

Display **Slide 4.3.4** and ask participant to give examples of each type.

Positive Feedback:

- **Give** an example of positive feedback to further clarify, as necessary.
- **Mention** that positive feedback can use phrases like "good," "I like that," "well done," etc.

Constructive Feedback:

- **Explain** that this type of feedback is intended to be corrective and makes suggestions for improvement.
- **Give** example of positive feedback on slide to further clarify as necessary.

Negative Feedback:

- **Give** example of negative feedback to further clarify, as necessary.
- **Remind** participants that the purpose of feedback is not to criticize, reprimand, or punish, but rather to help participants perform better in their jobs.
- **Explain** that both corrective and negative feedback must be given sensitively for it to be received in a way that the receiver appreciates and can apply in order to change.

Activity 5: Discussion & Presentation (15 min.)

Providing Effective Feedback

Explain to participants that you will read 2 examples of a trainer providing feedback to a participant.

Display **Slide 4.3.5** and slowly read aloud each of the situations, using both tone of voice modulations and non-verbal communication cues to illustrate.

Ask participants which of the 2 feedbacks ways would be effective.

Acknowledge responses that include the following if necessary.

The second feedback was:

- Timely
- Focused on a corrective
- Did not punish

Display **Slides 4.3.6a** to give the elements of effective feedback.

Emphasize the need to:

- Be on time and objective
- Focus on what was done to avoid being personal
- Not attack
- Show that you care
- Be prepared with your short, concise, and to the point message, not a long, unnecessary meandering story.

Display **Slide 4.3.6b** summarize the key points.

Refer to the situations presented in **Slide 4.3.5** to point out that the first feedback to Amina was:

- Long after the event
- Critical and not helpful
- Punishing

The second one:

- Was to the point
- Mentioned consequences
- Showed care by asking Amina whether there was a problem
- Offered to help
- Not prescribed a solution

Display **Slide 4.3.7** to compare positive and negative feedback.

Point out the consequences of negative feedback:

- It can result in resentment
- Shows disrespect to the receiver
- The receiver may become defensive
- Negatively provided negative feedback may lead to conflict

Activity 6: Discussion (10 min.)

Tips for Providing Feedback Effectively

Explain that negative feedback can result in a good experience and positive outcome if given sensitively.

Present **Slide 4.3.8a** and **4.3.8b** to share tips for giving feedback.

Ask participant which of the communication skills from the previous session are important for the provider/sender of feedback message.

Explain that the receiver should also use the communications skills to receive the feedback such as:

- Actively listening
- Maintaining eye contact
- Paraphrasing
- Asking open-ended question for clarification
- Avoiding explaining and justifying the behavior
- Avoiding being defensive
- Encouraging reactions
- Showing a respectful, caring attitude
- Starting from the point that person giving feedback cares about and is interested in your improvement and progress.

Explain that the behavior, the way the provider provides the message, and the way it is received and understood are equally important for creating the positive experience that will encourage future feedback sessions and in turn improve learning.

Distribute **Handout 4B** with Tips for Providing Feedback for participants to read about the tips and examples of words to use.

Activity 7: Roleplay (20 min.)

Practicing Providing and Receiving Feedback

Divide participants into 4 small groups.

Distribute **Handouts 4C** and **4D.**

Assign each group a scenario from **Handout 4C**.

Display **Slide 4.3.9** to give roleplay objectives and Instructions.

- Objective: Practice providing and receiving feedback
- Instructions:
  - Read the scenario assigned to your group.
  - Act out the roleplay in your small group, each taking a role (feedback giver, feedback receiver, observer[s])

- The observer(s) should give feedback on the roleplay after each round (using **Handout 4B** as a guide).
- Repeat the roleplay so each person has a chance to give and receive feedback.
- You have 20 minutes.

Ask participants to take turns playing the role of the feedback provider and receiver.

Ask the observers to observe, using the **Handout 4B** and be ready to provide feedback to the "actors" on:

- Use of communication skills
- Effectiveness of providing the feedback
- Suggestions of what could be done differently in providing or receiving feedback

NOTE: *Trainers should circulate, observe groups, and provide guidance.*

Activity 8: Plenary Discussion (10 min.)

Processing the Roleplays

Facilitate a plenary discussion.

Ask participants:

- How did you feel when you were providing feedback in the roleplay? Receiving feedback in the roleplay?
- How did it feel receiving feedback on the roleplay from the observers?
- Do observers have any additional observations to share on the roleplays?

Remind them of the principles for providing feedback.

Display **Slide 4.3.10** to ask additional questions about the roleplay experience.

Summarize key points from their observations.

Activity 9: Conclusion (5 min.)

Summary and Closing

Ask participants what they learned about giving and receiving feedback that will be important for them as trainers.

Review session objectives.

Explain that during the next sessions trainers will use all opportunities to get participants to practice providing and receiving feedback.

Module 4 Handouts

HANDOUT 4A

Techniques for Facilitating Learning

There are a number of powerful methods to help participants retain what you teach. If you are lecturing, with or without PowerPoint, stop every 15-30 minutes and engage learners in an activity to reinforce learning. For some topics, participants may already know some of what you will teach, or have prior experience with it. Some of the activities suggested below involve having them brainstorm first, with you filling in the blanks in their knowledge afterwards. These participatory methods focus on **five participatory processes: reflecting, summarizing, sharing knowledge, teaching, and receiving feedback.** Each of these is described below, with suggested learning activities.

A. Reflect

Learning is enhanced if we are given a chance to reflect, review, and personally relate to the material and how we might apply it. Give participants a log or journal, then use a variety of ways to have participants stop and reflect periodically for a few minutes on what they've learned and how they might use it. After the reflection time you can have them volunteer to share, share in small groups, or not share. Here are six examples:

1. **Most Important:** Write three things you just learned. Now put a star by the most important one.
2. **Three Applications:** Write three ways you can use or apply what you've just learned. Circle the one you plan to do first.
3. **One Sentence:** Write one sentence explaining what you learned in the last __ minutes.
4. **One Question:** Write one question about what you've heard.
5. **Wow! / How About?:** On a sticky note, write a "WOW!" and write down something you learned that was really noteworthy or surprising to you. On another sticky note, write a "HOW ABOUT?" and write down a question or an idea you might have. Post your notes on the two flipcharts (labeled WOW! and HOW ABOUT?). Assign time to debrief on the two charts.
6. **Highlights:** Spend the next four minutes reading and reviewing the notes and the other information in your packet. Highlight the important points. Write any questions you still have.

B. Summarize

Having participants summarize, in a sentence or two, the most important things they have just learned is another powerful way to have them interact with the content and fix it in their minds. Here are six ways they can share their summaries with others.

1. **Best Summaries:** On an index card, each participant prepares a summary of the main points at the end of a segment or topic. On the other side of the card, ask them to write a code or identifying number. Teams of 4-7 participants collect their cards and exchange them with another team. Then each team selects the best summary from the set of cards they were given. Each team reads the summary to the whole group. Also read the identifying code/number so the author can be congratulated.

2. **Essence:** Explain this activity at the beginning of a presentation to spark a competitive spirit and motivate participants to pay close attention. Following the presentation, divide the group into teams of 3-7 participants. There are five rounds.
   - Tell them to create a 32-word summary of what they have learned. Have each group read their summary, then participants vote on the best one by raising their hands. There are two rules: they can only vote once, and they can't vote for their own team's summary.
   - Repeat the process, but now the summary must be only 16 words.
   - Repeat the process for an 8-word summary.
   - Repeat the process for a 4-word summary.
   - Repeat the process for a 2-word summary.

3. **Superlatives:** After a presentation, ask participants to identify the most important piece of information or concept that you presented.
   - Give them time to think and jot an idea down.
   - Ask for responses. Then ask them to identify the most _____ thing you presented and share that with a partner. [fill in the blank with an adjective
   - Take a few responses from the whole group.
   - Continue this process, substituting superlatives in the blank. Some possible superlatives include: useful, controversial, difficult to understand, surprising, universal, obvious.

4. **Open and Closed:** At the end of a presentation, have each participant write a closed-ended question and an open-ended question on index cards. Tell them ahead of time that you will ask them to do this so they will pay close attention and take good notes.
   - For round 1, have them pair up and ask each other their closed-ended questions.
   - Have them switch partners 4 or 5 times.
   - For round 2, have them get in triads and ask each other their open-ended questions.

5. **Picture Summary:** Divide participants into small groups and give each a flipchart sheet. Their task is to design a poster that summarizes the key points they've learned. There are 4 rules:
   - Page limit is one sheet of paper
   - Only pictures can be used, which includes graphics, symbols, icons, or diagrams but not words, letters, or numbers
   - Joint effort, meaning that all team members should contribute
   - Time limit is 5 minutes.

6. **Flipchart Summary:** Divide participants into small groups and give each a flipchart sheet. Their task is to design a poster that summarizes the key points they've learned. There are 3 rules:
   - Page limit is one sheet of paper
   - Joint effort, meaning that all team members should contribute
   - Time limit is 5 minutes.

C. Share Knowledge

Often participants have some knowledge of or experience with the subject they are learning. To build on what they know, give them some control over content, and validate their expertise, try some of the following ideas.

1. **Brainstorm:** Ask participants, in groups, to think about a question related to a topic and brainstorm answers on a flipchart sheet. Have each group share, and then fill in missing information verbally, and/or from a handout.

2. **Leaky Fishbowl:** If participants have some but varying levels or types of knowledge of the material you'll be covering, this is a good technique for tapping the knowledge of the group. Have 5-7 volunteers sit in a circle in the middle of the group. If the group is large, have them pass a microphone around. Have a set of questions ready and give the small group a question to discuss. There are two rules: only those in the middle of the circle can talk; and those outside the circle can join it by standing behind someone until an inner circle participant voluntarily vacates his/her chair. Periodically give a new question to be discussed. If someone shares something that is incorrect, feel free to speak up and question the group or provide the correct information. It's also a good idea to take notes on a flipchart during this process.

3. **Item List:** Have a list or outline of the topics you are prepared to teach on a flipchart. Give participants a few sticky dots and have them mark the ones that are highest priority for them to hear about from you. Be sure you give most emphasis to those topics in your presentation and spend less time on the low priority items.

4. **Press Conference:** Give the outline of your presentation to participants as well as a brief overview of key objectives and major topics. Divide participants into small groups, using the same number of groups as topics you will be covering. Give each group a number of index cards, equal to the number of topics your presentation covers.
   - Have the groups write one question for each topic to be covered. They should either label each card with the topic or use a different color of card for each topic.
   - Collect all the cards. Then redistribute them, giving all the cards on one topic (and color) to each group. Have the groups take turns questioning you with their questions, as if you were in a press conference. Be sure to ask participants to help you answer the questions when they can.

5. **Egg Hunt:** After a presentation or a portion of a presentation, have small groups of participants brainstorm and come up with specific examples of a principle, concept, or skill. Have each group share their example in the large group.

6. **Confusion:** Give your presentation in segments. After each segment, have participants write two questions or points of confusion anonymously on two index cards. Give them 1 minute. Have them stand up and exchange the cards with the written side down, with as many people as possible for about 30 seconds. When you call time, they should sit down with the two cards left in their hands. Then conduct a question and answer session with participants volunteering to read a question on one of their cards. Be sure to ask if any of the participants can answer or explain before you do.

D. Teaching

We learn best what we have to teach. Here are some ideas for engaging the participants in teaching.

1. **Pair Share**—Have participants take a minute to tell a partner what they've learned and how they will use it.

2. **Triad Teaching**—Divide participants into threes and have each person—either verbally or with symbols, icons, or drawings—teach the others something they have learned.

3. **Showtime**—Divide participants into small groups and assign each a portion of the material that has been presented. Have each group prepare and give a short, creative, playful presentation on their topic.

E. Receive Feedback

Adult learners enjoy getting feedback on what they have learned. Fun ways to self-test what they have learned motivates and empowers them to take more active control of their learning.

1. **Bingo:** *In advance, create at least 25 questions that cover the material you will be presenting. In creating the questions, ask yourself: If they can only take away 25 things from what you presented, what would you want those to be?*
   - Create a one-page 5x5 matrix, a grid with 25 boxes.
   - Put a one-word or short phrase answer to each of your questions in each of the boxes.
   - Either at the end or at intervals during your presentation, ask one or more of the 25 questions. Have participants find the answers on their cards individually or in pairs or teams. Tell them that as soon as the individual or team thinks they have the right answer, they can stand up.
   - The first to stand gets to share their answer.
   - If they're correct, they get to cross off a box on their sheet.
   - If they're wrong, the next one standing gets to give an answer.
   - Continue until someone gets BINGO or until you've gone through all the questions and answers.

2. **Team Quiz:** Before your presentation, tell participants that you will be stopping periodically (about every 10 minutes) to have them, in groups of 3-5, write two questions for their fellow participants. One should be factual and the other should be open-ended, requiring some evaluation, synthesis, or inferential thinking. Give them 3 minutes to write the questions. Debrief by having each team, one-by-one, ask their factual questions. Then do the open-ended questions. Teams can answer in consultation with each other. Make sure that everyone gets a chance to answer some questions.

HANDOUT 4B

Tips for Giving Feedback

Ask permission or inform that you are giving feedback.

Examples:

- "Can I give you some feedback on that follow-up patient visit?"
- "I'd like to provide some feedback on what I observed during my visit today."

Provide feedback in a way that builds on each step and information.

Start with a positive observation ("It was good that you…").

Provide a constructive critical observation or suggestion for improvement.

Finish with a second positive observation or summary statement.

Use the first person: "I think," "I saw," "I noticed."

Describe what you observed and be specific. State facts, not opinions, interpretations, or judgments.

Feedback should address what a person did, not your interpretation of his/her motivation or reason for it.

- **Action:** "You skipped several sections of the counseling script."
- **Interpretation:** "You skipped several sections of the counseling script. I know you want to finish because it's almost lunch time, but…"

Don't exaggerate or generalize. Avoid terms such as "you always" or "you never."

Don't be judgmental or use labels. Avoid words like "lazy," "careless," or "forgetful."

When making suggestions for improvement, use statements like, "You may want to consider…" or "Another option is…".

You can provide feedback any time—during the clinic visit, immediately afterwards, or after you leave the clinic premises.

- Don't wait too long to provide feedback. The closer the feedback is to the actual event, the more likely the person will remember the teaching point.
- Certain feedback requires more immediate timing:
  - *Example: If you see that the service provider is doing something in error or omitting an important step during the visit.*

If you provide feedback during a client encounter:

- Do not alarm the service provider or client. Put them both at ease.
- Be very calm and patient as you explain your recommendation.

HANDOUT 4C

Roleplay to Practice Giving and Receiving Feedback

Instructions:

The scenario below is related to clinical observation during FP training. Consider the two possible approaches to providing feedback for the scenario below. Apply your communication skills, rules for providing and receiving feedback, and tips to plan for and provide feedback.

Scenarios:

1. You are Selina Akter, a Clinical FP Facilitator conducting clinical practicum training for Family Welfare Assistants. You are observing Hasna, an FWA, using the clinical checklist on giving a client her second dosage DMPA injection. Hasna establishes good rapport with the client and washes her hands. She does not tell the client about possible side effects. She gives the Injection correctly. Hasna does not screen the client or ask her whether she is happy with the contraceptive method or discuss side effects.

   You are Selina, the Clinical FP Facilitator. Prepare and give your team member feedback.

2. Three facilitators are conducting a training for SACMOs on Adolescent and Youth-Friendly Services (AYFS), for 5 days. During training, Amena, a Facilitator, worked very well with the team. All the trainers were very enthusiastic and performed their roles. Amena was good during practice sessions and showed good training skills and subject matter and skills for AYFS. Yesterday, Amena didn't come prepared to conduct her sessions and she excused herself from conducting her session and co-facilitating. Today, she even left the class. She has not apologized or given any explanation for not conducting her sessions as planned. Two other trainers have to step in and conduct her sessions with little preparation.

   You are the other 2 facilitators. Prepare and give Amena feedback.

3. Jamal observes that his co-facilitator Salma is judgmental to participants. She speaks to them harshly and does not answer their questions in a facilitative way. One of the participants has secretly told you that they are afraid of Salma and do not even want to ask questions. They do not understand when she teaches.

   You are Jamal. Prepare and give feedback to Salma.

4. Shampa and Jarina are very experienced and competent FP field trainers who like demonstrating FP clinical procedures. You notice that during practicum training they do not use the clinical checklists when observing participants. They do not guide participants even when they make mistakes and they do not provide feedback.

   You are Shahid the Coordinator of the FP training. Prepare and provide them feedback.

HANDOUT 4D

Example of Using Roleplay in FP Training

Provider Instructions for Roleplays

Pretend that you are meeting the client for the first time. Ask the client for his/her name, sex (male or female), and age. Pretend that there is a health center nearby to which you can refer the client, if needed. Remember to:

- Assess the client's reproductive health (RH) goals, concerns, and fertility intentions.
- Address the primary and secondary reasons for the client's visit.
- Facilitate the client's decision-making process.
- Integrate information and services related to other RH issues as appropriate.
- Help the client act on her/his decision(s).

Apply your prior experience along with what you have learned from the training and use job aids and tools as appropriate to address the client's concerns.

Observer Instructions for Roleplays

Prior to the start of the interaction:

- Review the Roleplay Observation Checklist so that you are familiar with the behaviors that you are observing and where they appear on the checklist.
- Review the case-specific issues on the observer information sheet for the roleplay.

While observing the interaction between the provider and client, remember to:

- Use the observation checklist to take notes on what happens during the interaction.
- Record how well the provider addresses the case-specific issues.
- Be prepared to give feedback to the provider regarding how well s/he addressed the client's needs.

Pay particular attention to whether the provider:

- Helped the client deal with anxiety
- Facilitated communication with a partner
- Allowed the client to make an informed decision
- Ensured that the client met the medical eligibility criteria for the method s/he chose
- Helped the client carry out her/his decision

Client Instructions for Roleplays

Prior to the start of the interaction:

- Read the client information sheet and make sure you understand your character's situation.
- Pick a name for your character. Tell the provider your name, age, and whether you are male or female.

During the interaction, offer information *only* when the provider asks relevant questions. Use the information given in your client information sheet to respond to the provider's questions. Feel free to ask questions of the provider.

MODULE 5

Delivering the Training

INTRODUCTION

This module is the core of the ToT. It assumes that trainers are experienced in clinical FP service provision and need to build their capacity to apply CBT to develop service providers' ability to provide quality FP services.

Session 5-1: This session provides background and stresses the importance of using CBT, including meaning of basic concepts.

Session 5-2: This session is a continuation of the previous session and is intended to provide detailed information about each CBT method and how to use each method. Other skills that can be observed during the practice of CBT methods are principles of adult learning, giving and receiving feedback, facilitation, and communication skills.

TOTAL MODULE TIME

3 h.

LEARNING OBJECTIVES

- Define "competency-based training" and other commonly used capacity building concepts.
- Describe the relationship between family planning job descriptions and training/capacity building needs of the FP providers.
- Describe common CBT approaches.
- Match CBT methods and learning domains.
- Identify at least 3 of the commonly used training methods to improve knowledge, attitudes, and skills.
- List the key elements of training session delivery.
- Demonstrate ability to use CBT methods to train on FP topics.

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Discussion

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handouts 5A and 5B
- *Training of Trainers (ToT) Gender Integrated Family Planning Program* (Shukhi Jibon, 2019)
- *Family Planning Manual* (CCSDP and DGFP, 2018)
- *Family Planning Training Resource Package* (TRP), (USAID, WHO, UNFPA, updated 2019)
- *Family Planning: A Global Handbook for Providers* (2018 update)
- FP Flipchart

ADVANCE PREPARATION

- Review PPT slides.
- Make copies of Handouts 5A and 5B for all participants.
- Review previous session on effective facilitation, communication skills and principles of adult learning.
- Ask participants to also review their notes and handouts from previous sessions on communication skills.
- Prepare slips of paper with CBT methods for Session 5-2, Activity 5.
- Note that Session 5-2 includes a practical session as small group work, which could be completed either in the classroom or skills lab.

SESSION OVERVIEW

ACTIVITY	TIME
Session 5-1: Introduction to Competency-Based Training	60 min.
Session 5-2: Using Competency-Based Training Methods	120 min.
Total Session Time	**3 h.**

Session 5-1: Introduction to Competency-Based Training

1 h.

Session Introduction: *This session provides background and stresses the importance of using CBT, including meaning of basic concepts.*

Activity 1: Introduction (5 min.)

Session Topic and Objectives

Remind participants that they know that learning by doing is most effective and acceptable for adult learners. This session will cover competency-based training methods for FP providers and provide tips on how to deliver training sessions.

Display Slide 5.1.1.

Ask a participant to read the session objectives and summarize what will be learned during this session.

Activity 2: Discussion (20 min.)

Basic Concepts of CBT

Display Slide 5.1.2 to give a list of the basic terms and concepts that will be covered.

Explain that this part of the session will start with the meaning of "competence" as this whole training revolves around competence.

Display Slide 5.1.3.

Ask participants what is meant by CBT, based on the meanings described in earlier sessions.

Encourage responses that include learning by doing, capacity building of FP providers to develop their ability to do their job. For example, if people are competent to train others, they need the following:

- Knowledge about adult learning, facilitation, elements of planning for training, methods of monitoring and evaluating training.
- The skills to apply their knowledge of facilitation to facilitate and conduct training, apply their knowledge of monitoring to actually monitoring a training.
- The right attitudes (enthusiasm, energy, belief, interest in helping others to learn).

Service providers offering the IUD, for example:

- Have knowledge about the IUD (its effectiveness, duration, insertion and removal procedures, side effects, etc.).
- Apply that knowledge to counseling clients (counseling skills on IUD insertion and removal, side effects), screening clients for eligibility, and inserting and removing the IUD.
- Have the right attitude toward comprehensive method mix, informed choice, and long-acting FP methods, AYFS, so they present the IUD in a way that is acceptable to clients.

Explain that the trainer's tasks in capacity building will be to produce various cadres (FWAs, CHCPs, FWVs, SACMOs, MOs, Midwives, etc.) of family planning providers who are competent (in terms of knowledge, skills, and attitudes) to perform FP-related tasks based on contraceptive technology, counseling skills, and using the national FP curricula.

Emphasize that trainers:

- Are therefore a critical part of developing a competent health workforce that is responsive to the FP/RH needs of their communities.
- Must impart learning to providers with the aim of developing FP competencies to provide quality family planning services that will build clients' confidence in accepting family planning services, protect client safety, and uphold client rights.

Ask participants to define the following terms (one by one):

- Training
- Learning
- Transfer of Learning
- Performance
- Quality

Display **Slides 5.1.4a** and **5.1.4b** on each meaning to build on participants ideas.

Display **Slide 5.5** to give an example that shows the relationship between all the concepts.

Explain that knowledge alone is not enough unless it is applied. In training, the trainer's job is not just to provide knowledge, but to help participants apply that knowledge in FP service provision.

Explain that this means lecture alone (i.e., giving knowledge without practice) does not translate into improved performance and quality.

Explain that this is the reason why CBT methods are so important.

Activity 3: Discussion (5 min.)

CBT Framework

Ask participants to name the 3 learning domains covered in Module 3: Principles of Adult Learning (**Slide 3.3**).

Explain that CBT is not only about skills and competencies, but combines all 3 learning domains as covered in Module 3.

Display **Slide 5.1.6** to go through each learning domain.

- ***Knowledge:*** people cannot do what they do not know and understand; people must know before they can do.
  - For example, if you are given an IUD and a pelvic model and asked to insert, how many of you can do it? None because you do not know.

Explain that this is why it is important to give the knowledge in *small doses with immediate application.*

- ***Attitudes:*** What they not only understand but also appreciate the importance of, or can change their behaviors. Negative attitudes relate to negativity in giving information, provider bias, and disrespectful care.

  - For example, if one does not know much about the IUD, has no knowledge or skills, they are likely to have incorrect information, be unable to respond to myths and misconceptions, or become disrespectful when a client is asking questions, and counsel in a way that discourages a client from voluntarily selecting the method because they cannot provide it.
- ***Skills:*** What helps them to do their job. The knowledge is applied to doing the job according to standards—not only know about, but also know how to do.

Explain that CBT originated from industry, where employers decided that for faster capacity building of workers and increased productivity, they needed to change their capacity building methods to focus on job tasks and doing them well, without errors or mistakes. (They found they could train a lot of employees including those with low literacy quicker and faster with better results.)

Remind participants about one of the key learning about adult learning:

- Adults learn best by doing and when they can see immediate application in and relevance to their jobs.

Display Slide 5.1.7 to emphasize the relationship between CBT and job performance.

Activity 4: Discussion (10 min.)

CBT Approaches

Ask participants to share where else they have received training.

Acknowledge responses.

Display Slide 5.8 to lead a discussion on various CBT approaches.

Ask participants which of the approaches they are not familiar with and explain.

Describe approaches such as:

- ***Low dose high frequency*** – small "bites of knowledge" with more frequent on-the-job training through coaching and mentoring.
- ***Blended learning*** – a combination of two or more approaches.
- ***Technology-supported learning*** – use of computer and mobile phones for learning.
- ***Peer-supported learning*** – where one provider uses a checklist and observes another provider performing skills on anatomical models or a client on the job and gives feedback; or joint reading and supporting each other to comprehend.

Ask participants which one of these approaches they feel is most effective.

Explain that, for example, during the training needs assessment, it was found that providers independently acquire learning online and on the job from colleagues, however, this was not structured.

Explain that this training includes a component covering various approaches to follow-up that will be discussed in Module 10.

Activity 5: Presentation (15 min.)

Characteristics of CBT

Display Slide 5.1.9 and ask participants to read in turns and re-state in their own words what each characteristic means.

Emphasize that the focus of CBT is on the learners and what FP providers are expected to perform after the training.

Explain that for CBT, job expectations must be known by the learner and trainer before training, as stated as goal and objectives in the FP Training Manuals of the government of Bangladesh.

Explain that CBT is paced according to learning needs of the learners. Explain the concept of "weaning" by sharing that participants learn and develop competencies at different paces—some have "manual dexterity" and will learn faster. Once they have been assessed and found to be competent:

- Trainers and coaches can have time to concentrate on slower learners.
- Peer-to-peer learning is also encouraged.
- For example, some participants might very quickly learn or have previous experience in IUD insertion or giving DMPA. These participants can receive minimal support during practicum or be asked to help others in practicum using the skills checklists.

Explain that CBT does not end when the training session is complete, but learning continues during the job. This can be self-directed, peer-to-peer supported, or during supportive supervision until the learner becomes a competent provider.

Explain that "practice makes perfect"—continuous practice and repeating the procedure several times on anatomic models/dummies and on clients with guidance leads to development of competencies.

Explain that CBT has helped countries with serious health workforce crises through task-sharing (for example, training lower-level health workers in insertion of single-rod implants or self - Injection of Sayana Press/DMPA), just by demonstrating, return demonstrating, and continuous practice.

Explain that CBT is not an end in and of itself. For competent providers to maintain their competencies and become proficient there is a need for supportive systems to be in place. This includes:

- Clear job descriptions/expectations
- Clear and up-to-date policies, guidelines, and standards
- Supportive supervision
- Performance support—job performance feedback, continuous learning, and mentoring

Activity 6: Conclusion (5 min.)

Summary and Closing

Ask participants to share some of what they learned about CBT.

Acknowledge responses and relate them to the session objectives.

Ask what they, as trainers, will always remember about CBT?

Emphasize key points as per **Slide 5.1.10**.

Explain that the next session will go through the various CBT methods and how to apply the methods to facilitate learning.

Ask participants to read through their notes on principles of Adult Learning, Facilitation, Communication, and Feedback, as they will need to refresh this knowledge for application in the next session.

Thank participants for their input and participation.

Session 5-2: Using Competency-Based Training Methods

2 h.

Session Introduction: *This session is a continuation of the previous session and is intended to provide detailed information about each CBT method and how to use each method. Other skills that can be observed during the practice of CBT methods are principles of adult learning, giving and receiving feedback, facilitation, and communication skills.*

Activity 1: Introduction (5 min.)

Session Introduction and Objectives

Explain that since learning by doing is most effective and acceptable for adult learners, this session will cover competency-based training methods and will involve practicing applying these methods.

Display Slide 5.2.1.

Ask a participant to read the session objectives and summarize what will be learned during this session in their own words.

Activity 2: Discussion (5 min.)

CBT Training Methods

Ask participants what CBT methods they know, or have had experience with, or have observed being used in this ToT so far.

Encourage responses that include roleplay, demonstration and return demonstration, case studies, small group discussions, small group activities.

Display **Slide 5.2.2** CBT methods.

Explain that the rest of the session will be on what these methods are, how they are used, their advantages and disadvantages, and how to apply the methods.

Matching CBT Methods and Learning Domains

Remind participants that these domains are part of the CBT framework and as shown in those examples they are interlinked.

Show **Slide 5.1.6** from Session 5-1 to remind participants of the learning domains.

Ask participants to name CBT methods for each learning domain.

Complete the blank **Slide 5.2.3** as participants mention the CBT methods.

Distribute **Handout 5A** to show learning domains and CBT methods for reference in matching learning domains and CBT methods.

Activity 3: Discussion (20 min.)

Tips for Delivering Sessions

Ask participants what they have observed so far about *how* the sessions are being delivered by the trainers.

Record responses on a flipchart.

Display **Slides 5.2.4a** to **5.2.4c.**

Ask participants to pair up and read through the slides and discuss the points that are similar to their contribution until all similarities have been found.

Highlight what participants missed and explain key points about enhancing acquisition of learning including:

- Remember these are adult learners
- Maintain eye contact
- Avoid being monotonous and boring
- Keep the session delivery active and interesting

Activity 4: Discussion (10 min.)

Steps in Session Delivery

Remind participants that the Family Planning Manual (CCSDP and DGFP, 2018) has session plans and training materials for trainers to use.

Ask participants what they have observed about how sessions start and end.

Record responses on flipchart

Display Slides 5.2.5a to 5.2.5c to show steps in session delivery.

Emphasize:

- ***Opening sessions with:*** session topic and objectives and how the session is linked to previous learning
  - Remind participants that adults are task focused and they need to know what they are learning and why.
- ***Closing sessions with:*** What was learned that is important and how the learning will be applied in their work. Keep the learning relevant and link it to the next session.

Activity 5: Small Group Work (25 min.)

Using CBT Methods in FP Training

Note: Before the activity, prepare 4 slips of paper labeled with 4 different CBT methods: Roleplay; Case studies; Small group work; Demonstration and return demonstration.

Divide participants into 4 groups.

Display Slide 5.2.6 to give small group work objectives and instructions

- Objective: Practice using CBT methods
- Instructions:
  - Pick a folded paper with a CBT method from the bowl. This will be the CBT method your group will work on.
  - Decide on an FP topic to teach based on the CBT method you picked.
  - Prepare to share:
    - Present or demonstrate how you would use the CBT method
    - Why you chose the FP topic for the assigned CBT method
    - Use Handout 5B as reference
  - You have:
    - ~20 minutes to prepare
    - 10 minutes to present or demonstrate use of the method

Distribute Handout 5B for participants to use as reference.

Refer the participants to the following FP clinical skills curricula.

- *Family Planning Manual* (CCSDP & DGFP 2018)
- *Family Planning Training Resource Package* (TRP), (USAID, WHO, & UNFPA, updated 2019
- *Family Planning: A Global Handbook for Providers* (2018 update)
- *Course Guideline for Basic Training of FWVs* (3rd edition, NIPORT)
- *Participants Handbook on Basic Training for FWAs* (NIPORT, 2016)
- *Participants Guidebook for SACMO* (NIPORT, 2014)
- *Basic Trainers' Manual on LARCs and Permanent Methods* (CCSDP & DGFP, 2012)
- Trainers' Manual on *Postpartum Family Planning* (CCSDP & DGFP, 2015)
- *Trainer's Guideline on Postpartum Family Planning Counselling* (CCSDP & DGFP, 2018)
- *Training Handbook on Implants* (CCSDP & DGFP, 2009)
- *Trainers' Module on IUD* (CCSDP & DGFP, 2019)

Activity 6: Plenary Presentations & Discussion (50 min.)

Demonstrating Using CBT Methods

Ask each group to present (each group will have 10 minutes).

Ask other group members if they have anything to add after each presentation.

Ask the groups to give examples of what they missed.

Explain that these are the methods most commonly used in the FP training.

Explain that the methods for skills development are used with clinical skills checklists**.**

Ask participants to share their experiences being trained with the methods, asking:

- What helped them to learn?
- What could have helped them to learn more/more effectively?

Emphasize that each method requires clear instructions:

- Ensure that participants understand the objectives of the method and learning activity, which should be within the broader session objective.
  - For example, if the session objectives say, "Describe advantages of healthy timing and spacing of pregnancy" then the objective for the small group work could be "Describe advantages of FP to adolescent girls, mother, father, and family."
- The instructions should be clear about what they should do and should use action words such as list, record on flipchart, be ready to present.
  - List advantages to the mother if pregnancies are spaced 2 years apart.
  - List the advantages of postponing pregnancy until after the age of 18 years in adolescent girls.
  - List advantages of family planning to the father
  - Time allocated to the task
  - What is expected of them in plenary?

Note: *Give tips that include:*

- Self-preparation for demonstration of equipment and the person conducting the demonstration.
- Narrating and repeating for roleplay (for example, preparing both the "provider" and "client" on the learning that should come out of the roleplay and how to support each other).
- The need for step by step accuracy in content and procedural steps.
- The need to focus on the objectives during plenary.

Activity 7: Conclusion (5 min.)

Summary and Closing

Ask participants what they learned they felt was important.

Ask: What will they always remember when delivering sessions using CBT methods?

Display Slide 5.2.7.

Explain that they should continue to read about methods as the next session will be about using CBT methods to practice session delivery in micro-teaching.

Module 5 Handouts

HANDOUT 5A

Training Method and Learning Domains

Selecting training methods against each domain

Type of Objective		Commonly Used Activities/Methods
Knowledge		Lecture Interactive presentation Skit/parody Video/films
Skills	**Analytical/Decision Making**	Exercise (right/wrong answers) Brainstorming Discussion Case study Flow chart
	Interpersonal/Communication	Roleplay Simulation Game
	Physical/Manual	Skill practice Demonstration
Attitude		Roleplay Sharing information and experience

HANDOUT 5B
Tips on Selecting Training Methods

Questions to Guide Selection of Method

The requirements of developing competencies on a specific topic guide the selection of training methods. Ask yourself the following questions:

1. Does the method allow the achievement of the objective?
2. Does the method facilitate the development of competencies?
3. Does the method allow for more than one type of learning (knowledge, skills, and attitudes)?
4. Does the method require a greater or lesser degree of background knowledge, skill, or awareness of attitudes than participants presently possess?
5. How much time does the method take to:
   - Prepare?
   - Use?
6. How much space is required to use the method?
7. Is the method appropriate for the size of the learning group?
8. What kind of equipment and/or materials does the method require? Are they available?
9. What special skills are required of the trainers in order to use the method? Are the trainers competent in these skills?
10. Does the method call for active participation of the learners?
11. Does the method achieve the learning objective in the simplest, most economical and most interesting way possible, or is it needlessly complicated?
12. Interest of participants: do not use a single method throughout the training. And, do not use so many methods that the training becomes perceived as a superficial game or manipulation.

Competency-Based Training Methods

Demonstration

What It Is:
Showing how to perform a task as per set standards. It is accompanied by verbal and visual explanations, illustrations, and questions. The basic steps are: show, tell, and practice.

When to Use it:

- Use demonstrations to:
  - Teach how to do or make something or to use/apply a new procedure
  - Show that the procedure can be done under certain conditions
  - Promote staff interest to learn and use a new procedure

Advantages:

- Allows for:
  - Practice under the direction of someone who is competent in the task
  - Immediate correction of mistakes
  - Simulated practice before practice with clients

Disadvantages:

- May be costly and challenging to organize and conduct
- Limits the number of participants who can benefit from it at one time.

Elements of an Effective Demonstration:

- Should be conducted by a competent individual who is accepted by/credible to the participants.
- Uses real equipment
- Gives each participant the opportunity to practice
- Uses checklists as criteria for evaluating the degree to which each participant has mastered the task
- Separates and applies the following elements: show and tell.

How to Conduct a Demonstration:

A. Preparation

- Practice—master the task and how to demonstrate it to others.
- Gather all the equipment and materials necessary (and ensure that they are available to participants at their worksites).
- Allow sufficient time so that all participants will be able to practice.
- Establish performance criteria in order to verify mastery of the task by participants.
- Ensure that all participants will be able to see and hear your demonstration.
- If the demonstration is on a client, seek his/her permission/consent for others to observe.

B. Implementation

1. Present objectives.

- Give clear observer instructions and checklists.
- Demonstrate the task.
  - Proceed step by step, as per checklist (which are detailed in a logical sequence).

- If demonstrating on a client, ensure her/his safety and dignity. Explain every step during the procedure. Model good client care.
- Emphasize important points, including difficult aspects.
- Summarize, asking participants questions and repeating any parts of the demonstration that appear to be unclear

C. Return Demonstration

- Prepare workstations with all the necessary materials and equipment for the return demonstration.
- Give clear instructions for participants' return demonstration.
- Ask a participant to conduct the task in front of the group.
- Explaining what s/he is doing and why.
- Ask the participant questions to monitor his/her learning:
  - Why are you doing _____?
  - What would happen if _____?
  - What else would you do if _____?
- Invite all other participants to practice conducting the task (in small groups if appropriate, with each group monitored by a trainer).
- Summarize the key points of the demonstration and:
  - Ask the group if they have any questions
  - Ask the group open-ended questions to clarify their understanding of the task and its application in their work situations.
- Participants should practice in simulations prior to practicing on clients.

Roleplay

What it is:

- A training method in which the trainers or participants play a realistic role in a simulated situation. Participants practice skills on which they have been taught, demonstrating their knowledge and understanding of the content through application in a roleplay situation.

Types of roleplays

- Spontaneous: The trainer or a participant decides spontaneously to demonstrate something through a roleplay.
- Structured:
  - Open: All of the information is read out or scripts are given to all participants/players in the roleplay. The roleplay is conducted in an organized fashion; the players prepare together and practice before to ensure that the learning is conveyed as expected.
  - Blind: The trainer gives each individual player their script and instructions (which are not shared with the other player). Each player follows his/her instructions (plays his/her role) without knowing what the other player's specific instructions are. This type of roleplay is often used for the purpose of teaching certain competencies in interpersonal communication.

When to use Roleplay:

- Roleplay is most often used to:
  - Practice competencies in interpersonal communication.
  - Apply knowledge to a skill.

- Examine a problem, situation, or incident, in order to learn how one could have reacted/dealt with it better.
- Help participants to become more aware of the effects of attitudes and/or behavior on others in order to facilitate changes in attitude and/or behavior.
- Evaluate the performance of personnel in certain interpersonal situations (to improve them).
- Facilitate reflection about a difficult decision (by acting out the situation).
- For coaching, which involves the trainer, other roleplayers, and participants.

Advantages:

- Facilitates active participation of participants.
- An essential method for developing interpersonal communication skills, teaching attitudes and sometimes problem solving. Allows participants to gain insight into their own behavior and attitudes.
- May reduce anxiety associated with learning certain interpersonal competencies. (In a roleplay, one can experiment with certain behaviors in a controlled situation without the risk of embarrassment.)
- Provides an occasion to learn by observation and feedback.

Disadvantages:

- Participants may not take the learning seriously, focusing instead on the acting of the roleplayers.
- Sometimes, the roles reinforce existing stereotypes. Roles must be realistic and players must portray/follow them.
- When roleplays are conducted before a passive audience, learning may be minimal. Members of the audience must have an active role as observers.
- Roleplays must be conducted in small groups of 3-4.
- Roleplay may personalize a particular situation too much. The players may take the roles and the feedback too personally or reveal things that they regret later.
- The trainer must clearly define the learning environment (the purpose of the roleplay, the rules for giving and receiving feedback, etc.).

How to Conduct Roleplay:

Preparation

- Describe the roleplay situation.
- Describe the role of each player.
- Prepare an observation guide to help the learners.
- Prepare scripts that are realistic and respond to the learning objectives for the session.
- Prepare a plan for the discussion following the roleplay, in order to be sure of developing the essential points.

Instructions

- Give the instructions to the group:
  - The objectives of the roleplay
  - The structure of the roleplays and how it will be conducted
    - Prepare the roleplayers.
    - Prepare the scene for the roleplay with job aids and materials.

After the Roleplay

- Review the objectives and observer instructions
- Ask what they observed or heard according to the objectives of the roleplay

Practice Roleplays

- Roleplays (in the cases such as counseling training) should ideally be conducted in small groups of 3-4.
- Ideally, each group should have a different case/scenario for their roleplay.
- Prepare 3 roles within each roleplay, so that each member plays all three roles: FWA or FWA or SACMO, client, and observer.
- Ask small groups to determine who will play which role for the first roleplay.
- Indicate how much time is allowed for the roleplay (10-15 minutes maximum)
  - Post the observation questions and rules for feedback
  - Distribute the cases to the players (according to the type of roleplay)

Discussion Following each Roleplay:
The discussion should begin with the persons who played the role of FWV/FWA/SACMO, followed by the persons who played the role of client, followed by the observers. The discussion should address:

- What went well
- Problems encountered
- Questions raised
- Effectiveness of the FWV's/FWA's/SACMO's counseling (questions, interventions, etc.)
- Alternative strategies
- Application to participants' work

***NOTE**: In using roleplay as a training method, it is important for the trainer to indicate to the group how much time is allowed for each part of the activity and to call time at the end of each activity. This helps participants to use their time efficiently and to focus on their work.*

Case Study

What it is:

- A case study describes events that happened in a particular situation (facts and sometimes the feelings of the individuals involved). It is used to apply knowledge to a real situation. Because it is used for the purpose of problem solving or effecting change. It presents all the information about the situation (where, what, who, how and outcomes). Solutions or effects of solutions come out of the group discussion.

A well-developed case study has the following qualities:

- Precise in the facts that are presented
- Objective in the manner in which the facts are presented
- Clear in the presentation of the situation
- Logical in the description of facts
- Sensitive in the presentation of characters and their behaviors

Writing A Case Study

- ***Write in story form.*** Create the story and then write what you imagine. Make it as realistic as possible. Using a clinical/client case that you are familiar with will make it more realistic.
- ***Create characters.*** Give the characters names that fit the role. Don't use names that participants may laugh at or feel are unrealistic.
- ***Create some realistic dialogue.*** This makes the story more interesting and realistic.
- ***Provide as many specific details*** as are appropriate and necessary for the participants to analyze the case. Include detail that enhances the case study or provides essential information. Avoid unnecessary information that may create confusion or make participants lose focus from the main learning.
- ***Be descriptive.*** Create a picture in the minds of the participants. If necessary, describe the character's emotional state.
- ***Make the story easy to follow.*** Shorter case studies are more easily read and understood.
- ***Provide discussion questions or guides*** for participants to follow. This prevents time from being wasted. Use both focused and open-ended questions.

When to Use Case Study:

- To help participants to:
  - Master and apply problem solving skills or theory of change process: identify the problem; describe the problem; analyze the problem (what is it? whom does it affect?); determine possible solutions; implement the possible solutions; prioritize solutions and plan; implement and monitor selected solutions; and evaluate and learn from the problem solving.
  - To develop the capacity to choose appropriate alternatives based on facts and commit to a course of action.

Advantages:

- Enhances retention, recall, and the application of knowledge to real-life situations. The primary advantage of a case study is that it focuses on a real-life situation.
- Facilitates the application of decision-making/problem-resolution skills, such as:
  - Procedures to follow when managing side effects of contraceptive methods or a client discontinuing a contraceptive method, but does not want to become pregnant.
  - Procedures to follow in certain counseling situations to facilitate voluntary and informed decision making.
- Enhances active participation; participants share their opinions.
- The discussion allows observation of certain aspects of group dynamics (differences of opinion and/or approaches to problem solving).

Disadvantages:

- Requires the ability to develop an effective case for training purposes and to facilitate the discussion concerning the case.
- Some participants may not take the case study seriously because they will not be responsible for the consequences of their decisions.

How to Use Case Studies in Training:

Preparation

- Write the case study based on the learning objectives of the session (so that the case study serves to develop participant skills in selecting important information and analyzing and evaluating it in order to make a decision).
  - The case study must be real and relevant to the experience/problems encountered by participants.
  - The case study must not reflect opinions nor points of view of the trainers on solutions to the situation.
  - The case study must include all facts essential to the situation. Even if the case is complicated, participants must have access to all facts and be able to determine what is relevant. However, if there are too many superfluous facts or if the points are not clear, participants may be easily distracted and lose much time wondering.
- Formulate open-ended questions at the end of the case study, based on the learning objectives of the session (based on what you want to come out of the case study).

Steps in Using Case Study

Step 1: Provide the case study scenario.

Step 2: Tell participants what you expect the learning objectives from the case study to be.

Step 3: Divide the group into smaller groups. Guide the group through the discussion of the case study.

Step 4: Small Group Work—distribute the case study and allow enough time for participants to:

- Read the case individually
- Ensure there is common understanding of the case study
- Discuss the case in their small groups and answer questions posed in the case.
- Ask each group to select a notetaker. Explain to the note taker how you expect things to be arranged on the flipchart.
- Give out guide questions for the case study.

Step 5: Discussion:

- Give the groups time to carry out a discussion and summarize the results.
- Monitor the small group discussions to ensure clarity and focus on the task.
- Take notes of their discussion on a flipchart and be ready to present.

Step 6: Bring the groups together and ask them to present their results. Lead a discussion on:

- What participants found relevant in the case and why
- The identification of essential elements
- The "pros" and "cons" of actions taken in the case
- The identification of the actual problem

Step 7: Summarize and bring together the results of all of the groups.

- Possible actions or solutions

- Ask participants about similar problems or cases in their worksites and how the participants dealt with them, and how they anticipate addressing them in the future, based on their experience with this case study.

Mini Lecture

What It Is:

- A brief presentation given for participants to acquire certain knowledge, or to expose them to a concept or principle, process, or situation relevant to the learning objectives.

When to Use It:

- To introduce an activity/group experience (if the activity/experience needs an introduction or prior knowledge)
- To explain and/or summarize a particular point during summarization of content (especially in the case of a concept that is new to the group)
- Provide additional new information

Advantages:

- Economizes time
- Presents certain facts in an orderly manner
- Reinforces the relationship between a learning experience and:
  - New or complex concepts or principles
  - Its relationship to the participants' work

Disadvantages:

- Can be boring
- Does not elicit group participation

How to use it:

Preparation

- Ensure the lecture
  - Is relevant
  - Responds to the leaning needs of the group and the objectives of the session
  - Corresponds to their level of knowledge and experience
  - Corresponds to the activities they have just done as well to the activities that follow
- Be brief (less than 20 minutes). Do not plan more information than the group can absorb.
- Include questions that will promote group participation
- Support with visual aids. Tips for using visual aids include:
  - Do not speak and write at the same time
  - Writing must be legible and visible to everyone
  - Choose carefully what to put on the board (a new word, an important point, a diagram relevant to the lesson, a summary of what was said)
  - Diagrams must be as simple as possible. It may be better to prepare some diagrams and summaries in advance to be sure to include the key elements and not waste time in class.

Instructions for giving a lecture:

- Share the objectives of the lecture.
- Indicate if participants should take notes (or if handouts will be provided).

- Link the session with the previous session.
- Follow a plan.
- Cite references if appropriate. Use diagrams to show relationships between ideas
- and to show processes and procedures.
- Define new ideas.
- Pay attention to the reaction and understanding of the group. It may be necessary to go a bit faster, a bit slower, introduce certain participatory activities, or solicit participant input or examples in order to ensure effective understanding of the material presented.
- Present the material in an organized and clear manner, using simple words, concrete examples, and a logical sequence.
- Distribute handouts covering essential points to eliminate the need for participants to take notes (which can be distracting for them).
- Change your tone of voice, maintain eye contact with the group, and use appropriate gestures to support the message.
- Check understanding of participants.
- Discuss application of the knowledge.
- Use technology to impart knowledge, as appropriate.

Group Exercises

What it is:

- Structured training activities designed to teach certain concepts, principles, or problem-solving skills.

When to Use It:

- Exercises can be used:
  - As part of any session, provided that the particular exercise contributes to the achievement of the objectives of the session.
  - As ice breakers at the beginning of the program to help participants feel comfortable with the group.
  - As energizers to re-invigorate the group (for example, when the group has been working hard on something and has a low level of energy)

Advantages:

- Changes the pace and structure of learning and the learning environment.
- Contributes to positive group dynamics (due to the change of pace and hands-on nature of exercises).
- Can be an effective training tool if the exercise is relevant to the objectives and is respected in its application.
- Generally, raises the energy level of the group.

Disadvantages:

- Draws away from the learning environment if the exercise has nothing to do with the learning; the exercise may be seen as an irrelevant game.
- Is ineffective for learning if the trainer is unable to adequately draw out the learning and its application in the discussion following the exercise.

How to Use It:

- Decide in advance whether and how to introduce the exercise.
  - In some situations, it may be important to introduce the exercise. However, be careful in the introduction not share with the group what they should learn from the exercise; this will likely reduce their learning.
  - In many situations, you may simply begin the exercise by giving instructions to the group.
- Following the exercise, proceed through the steps of reflection, generalization, and application in order to help the group to draw from the activity on the intended principles and apply them to participants' work situations.

Note: *Physical exercises can also be used in training for the simple purpose of energizing the group. If the group's energy is lagging, simply propose (with enthusiasm) a short physical exercise or ask a participant if s/he would like to lead such an activity.*

Clinical Practicum

What it Is:

- Guided learning experience in which a participant learns how to perform procedures and tasks according to set standards. This is an essential process towards development of competencies. Clinical practicum emphasizes learning by doing.

When to Use It:

- In family planning training it is an essential component of the training for acceptability of FP methods, client safety, effectiveness, and efficiency in delivery of FP services.
- Starts in the classroom situation through simulated practice on models, with trainers and peers before moving to the health facility to work with real clients.
- Uses standard competency-based checklists that present how a procedure of task should be carried out.
- Part of training follow-up and mentorship on the job.

Advantages:

- Major step towards developing competencies.
- It is participatory and motivates participants to learn, build skills, and develop attitudes and confidence to do the job.
- Provides trainers, mentors, supervisors with information to develop performance support plans.
- Some participants may not be able to retain all the knowledge taught but can develop skills with ease.
- Allows paced skills acquisition as participants develop competencies (some participants may demonstrate competency after 3 or 4 guided practices, while others may need to practice more).

Disadvantages:

- Requires that the practicum training sites are well developed with infrastructure and competent clinical mentors and trainers.
- Multiple practicum training sites might need to be developed to increase opportunities for practice.
- Might become unsafe for clients if participants are not ready or not closely guided.

How to use it:

Planning

1. Prepare the practicum training sites depending on the learning objectives. This may involve meetings with facility supervisors, mentors, and facility managers to:
   - Assess readiness of the facility
   - Identify additional needs for supplies, commodities, equipment, etc.
   - Assess staff and their competencies.
   - Develop learning objectives
   - Increasing demand for services
   - Clarify roles of trainer, mentors, supervisors, and participants
2. Develop practicum training objectives and share with participants. Note there is a difference between practice on models and on a client (refer to TRP).
3. Develop schedule for the practicum to assign participants to facilities.

Implementation

1. Provide each participant with a competency checklist.
2. Discuss norms for the clinical practicum and clarify expectations.
3. At the end of each day at the facility review the events of the day and plan for the following day.
4. Use checklists to monitor skills acquisition, give immediate feedback, and record notes.
5. Evaluate participants as they show readiness for being assessed for competency.
6. Respect the rights of the client and assure client safety.
7. Learning should not compromise quality of services at the facility.

Training Follow-up

What It Is:

- Training follow up consists of conducting site visits to participants at their workplace after the training. Ideally, this happens within at least 4 weeks after the training. For training to be considered truly successful, participants must be able to use their new skills and knowledge and apply them when they return to their jobs. Only when the participants have been able to apply the new skills and knowledge that they acquired during training, has the transfer of learning really been achieved.

Purpose of Training Follow-Up:

- Ensure they apply their learning in their own work environments.
- Further guide them to develop competencies that were not achieved during the training.
- Reinforce the learning, determine what aspects of the training were not well absorbed, clarify confusion and misunderstandings, and reinforce the application of new skills and knowledge.
- Determine whether the participant is correctly providing the service with his/her newly acquired skills and knowledge.
- Help the participants to solve problems and clarify misunderstandings that may have developed since the training.
- Obtain feedback from the participants that might improve future trainings.
- Ensure that the clinic environment supports the use of the participants' new skills. This includes ensuring that equipment is in place, that clinical standards support the newly acquired skills, and

that clinic management and systems (especially financial) support the participants' use of new skills.

- Conduct a competency assessment and recommend either certification or further support.
- Transition a participant from being a learner to a mentee.

Conducting Training Follow-up:

Planning

1. Start with asking participants to develop a back-home application plan identifying which learning they will apply, possible challenges, and support required.
2. Review skills acquisition and level of competency for each participant to identify the needs of each participant. Participants with the lowest levels of acquisition of practicum objectives should be prioritized for follow-up.
3. Develop a schedule for follow-up and inform participants and their mentors or supervisors.
4. Gather all the necessary materials and teaching aids. For example, guidelines and standards, competency assessment checklists, anatomical models.
5. Secure the necessary logistics

Implementation. On arrival at the facility:

1. Touch base and debrief with the facility manager, mentor, and supervisor.
2. Familiarize yourself with client flow.
3. Meet the participant to explain the objectives of the follow-up visit. This can be based on the back-home application plans or what s/he journaled about during the training.
4. Allow participants time to mobilize for the support (e.g., creating client opportunities for guided practice or competency assessment by informing colleagues of his/her needs, preparing the work area in terms of space, equipment, job aids, materials, etc.).
5. If participant still needs simulated practice, provide guidance on anatomical models
6. Conduct a quick check of the relevant knowledge, as necessary.
7. Observe the participant performing the tasks intended as per objectives.
8. At the end of the visit, hold a debriefing meeting to:
   - Go over the objectives.
   - Provide feedback.
   - Agree on next steps and additional support or skills application, as necessary.
   - Meet supervisor and mentor to brief on accomplishments, follow-up support, etc.

Documenting Training Follow-Up

- Prepare report that includes purpose of follow-up.
- Any changes in service delivery (e.g., client flow, service utilization, or referrals).
- Document accomplishments.
- Write recommendations.

MODULE 6

Practicum Training

INTRODUTION

The module leads participants through the process of preparing for the most important component of CBT, which is translating knowledge into skills acquisition through a practicum. It addresses the criteria for selecting a clinical practicum sites, as well as the concrete steps involved in preparing for the clinical practicum component of a training.

TOTAL MODULE TIME

1 h. 30 min.

LEARNING OBJECTIVES

- Explain the importance of practicum training.
- Describe the skills development process and the role of trainers during the process.
- Identify the 2 main types of practicum training for service providers.
- Describe how to use FP Clinical Skills Checklist in a classroom simulation.
- Explain how to select and prepare practicum training sites.

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Discussion
- Demonstration

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Post-it notes
- Handouts 6A, 6B, and 6C
- *Family Planning Manual* (CCSDP and DGFP, 2018)
- Clinical Skills Checklists (from the *Family Planning Manual*)

ADVANCE PREPARATION

- Review PPT slides.
- Make copies of Handouts 6A, 6B, and 6C for all participants.
- For this session participants will work in small groups simultaneously to select, prepare, and use checklists for practicum.
- Use the tool for selecting and preparing practicum training sites including preparation of skills lab (Handout 5B).
- Trainers need to prepare to demonstrate conducting a practicum training (Activity 8).
- Practice completing the participant practicum log.

- Prepare FP Clinical Skills Checklists (from the *Family Planning Manual*) for each participant according to the type of FP trainings they will conduct.
- Have on hand the FP Procedures Manual and clinical checklists

SESSION OVERVIEW

ACTIVITY	TIME
Session 6-1: Selecting and Preparing for Practicum Training	90 min.
Total Session Time	**1 h. 30 min.**

Session 6-1: Selecting and Preparing for Practicum Training

1 h. 30 min.

Activity: Introduction (5 min.)

Session Introduction and Objectives

Ask participants what a practicum training is, based on what they have heard and observed in this training?

Acknowledge responses.

Display Slide 6.1 to introduce session topic and objectives.

Activity 2: Discussion (5 min.)

Importance of Practicum Training

Ask participants to share their ideas about the importance of practicum training.

Acknowledge responses.

Display Slide 6.2 to further explain the importance of practicum training.

Emphasize that practice is at the core of any CBT training.

Give an example of performing according to standards by reading an example of clinical standards from the *FP Manual* (2019) or selected tasks in an FP clinical skills checklist from the *FP Manual*.

Emphasize that training objectives should always include practicum objectives. For example: "By the end of the training participants will have inserted at least 6 IUDs (3 in a simulation and 3 on clients)."

Explain that practicum training should therefore be planned with the aim of meeting these objectives.

Activity 3: Presentation (10 min.)

Skills Development Process

Display Slide 6.3 to explain skills development process.

Explain the stages of the skills development process:

- ***Acquire Knowledge and Skills***–participants should be guided on how to apply the knowledge and develop skills. They need closely guided practice during the acquisition stage. With practice, they move toward competency and can become competent in some skills.
- ***Competent***–the provider displays competency, performs certain skills according to standards, and makes minor mistakes in others. At this stage, these participants can transition to guided practice on clients (with client's permission). As they continue to practice, trainers can "let go/wean" these participants in some skills.
- ***Achieve Proficiency***—these participants can consistently perform skills according to standards without guidance. They do not make mistakes.

Explain that while clinical objectives are quantified, as trainers they should note that the transition from acquisition to proficiency depends on factors including:

- Having prior knowledge and experience in the skill or related skills.
- Some participants are fast learners and good at performing skills.
- Exposure to practice–adult learners normally take the initiative to practice and trainers should encourage this.

Explain that weaning participants gives trainers more time to help those who are transitioning at a slower pace and to introduce peer-supported learning.

Activity 4: Discussion (5 min.)

Approaches and Tools for Practicum Learning

Ask participants who have had practicum training before to share their experiences.

Ask how they acquired skills during pre-service training.

Acknowledge responses and be sure to include:

- In skills lab
- At clinics

Display Slide 6.4 to clarify participants' responses.

Display **Slide 6.5** to emphasize the importance of timing in practicum training:

- Any session that requires skills development should be followed by skills practice in classroom simulations, such as roleplays and demonstration and return demonstration of CBT methods.
- At a clinic during the training. Any clinical CBT should have time for clinical practice.
- Classroom and clinic practice should be about 60% of any CBT, with specific practicum objectives divided between simulation and clinic practice.

Display **Slide 6.6.**

Facilitate discussion on advantages and disadvantages of classroom and clinic practice.

Explain that another opportunity for guided skills practice is during follow-up at the participant's worksite or through mentoring.

Explain that onsite mentoring and peer-supported learning are much more effective than classroom simulations.

Activity 5: Small Group Work (20 min.)

Selecting and Preparing Practicum Sites

Divide participants into 4 small groups to work simultaneously.

Display **Slides 6.7** with the instructions:

- **Objectives:** Identify criteria for selecting practicum sites
- Instructions:
  - *Groups 1 and 4: Criteria for selecting a practicum site*
    - *Group 1: Conducting training for FWAs*
    - *Group 4: Training of MOs in implant insertion and tubectomy*
    - *List on flipchart criteria/considerations for selecting each site*
  - *Groups 2 and 3: Preparing a practicum training site*
    - *Group 2: Preparing practicum training site to train MOs on tubectomy and implant insertion*
    - *Group 3: Preparing practicum training site to train FWAs*
    - *List on flipchart steps to prepare each site*

Provide participants with relevant FP Clinical Skills Checklist and FP Procedures Manual to identify practicum objectives/FP skills the training is supposed to develop.

Give the groups 15 minutes to work on their flipchart presentations.

Activity 6: Plenary/Gallery Presentation (20 min.)

Selecting and Preparing Practicum Sites

Ask each group to post their presentation on a wall. Group the criteria selection flipcharts in one corner and the flipcharts on preparing the practicum sites in another corner to allow for participant movement.

Give each group several post-it notes.

Ask each group to review a different group's work.

Ask each group to discuss their colleague's presentations and write what they feel is missing on post-it notes and stick them on the flipcharts.

NOTE: *Trainers review as well.*

After the review, display Slides 6.8a to **6.8b** to go through the main points of criteria for selecting practicum sites.

Explain that selection should be done during the planning phase and repeated 2–3 days before the placement of participants to allow time for troubleshooting.

Explain that troubleshooting for issues that can affect learning include:

- Not enough clients—generate demand from other maternal, newborn, and child health (MNCH) and postabortion care (PAC) services; liaise with FWAs and CHCPs; always have a back-up facility in case it is needed.
- Stockouts—work with facility manager and supervisors to get "emergency stock."
- Facility providers off duty—always speak with supervisors in advance; also arrange for field trainers to be part of the practicum training.

Display Slides 6.9a to **6.9b** to go through the main points for preparing practicum training sites.

Emphasize the following steps/issues:

- Readiness of clinic staff for participants; identify a person to conduct the orientation; clarify roles in the practicum training
- Develop norms and system for feedback, conflict management, etc.
- Go through the tools to ensure standardization
- Most important issue is how to reduce service disruption and long client wait times

Activity 7: Demonstration (20 min.)

Steps in Conducting Clinic Practicum

Explain that trainers will in small groups to demonstrate and narrate the steps in conducting a practicum from beginning to end.

State the objective of the demonstration: Participants should identify steps in conducting practicum training.

Divide participants into small groups, according to numbers of trainers.

Go step by step from orientation to end of practicum, including meeting with providers.

After the demonstration, display **Slides 6.10a** to **6.10d** Steps in Conducting Practicum Training

Emphasize the need:

- To be systematic and formal and not just send participants and assume clinic staff will help them to learn, because practice is a critical component of the training.
- For the trainer to visit the practicum site at least once or twice during the practicum period.
- That practice must continue with simulations when there are no clients at clinics.

Display **Slides 6.11** and **6.12** on monitoring and ending a practicum training.

Distribute **Handouts 6A, 6B,** and **6C** for use as guidance for practicum training.

Encourage participants to read the handouts to each other aloud in small groups

Activity 8: Conclusion (5 min.)

Summary and Closing

Explain that performance during practicum training will be addressed in Module 10: Training Follow-Up.

Explain that Module 7 will include aspects of practicum training, particularly on monitoring skills development.

Review objectives the extent to which they have been met.

Module 6 Handouts

HANDOUT 6A

Checklist for Assessing Clinics for Practicum Training

This checklist can be completed by facilitators and/or field trainers.

- Use this checklist during training planning and again just before participants go for practicum training.
- Accommodate enough time for any actions to be taken to make the clinic usable as a practicum training site.
- Review the information and decide whether to use the clinic as a practicum training site.
- Providers from practicum sites should be given priority for mentorship training and FP clinical skills updates.
- All field trainers should be oriented on:
  - Participants and what they have done in classroom simulations
  - Practicum objectives
  - Skills assessment checklists
  - Giving feedback and recording on checklists
  - Reporting of practicum training

Capacity Elements to be at Practicum Site	Yes	No	Comments
1. Are all relevant FP/RH services required for participants' practicum training offered at this facility?			
2. Does the facility have and use up-to-date FP materials, policy guidelines from DGFP (FP wall charts, MEC wheel, FP procedures manual, skills checklists)?			
3. Does the facility provide FP/RH services during days of the training?			
4. How many providers competent in FP/RH are available at the facility?			
5. Does the facility have an FP Registry that is complete and up to date?			
6. Does the facility have job aids and enough teaching models/dummies?			
7. Does the facility have space/room where participants can meet to review learning and practice skills?			

Capacity Elements to be at Practicum Site	Yes	No	Comments
8. Does the facility have no history of stockouts and have adequate FP supplies and commodities for the duration of the training?			
9. Is the staff adequate to ensure minimal disruption of services during the training?			
10. Are services organized to enhance integration of FP with other MNCH services (e.g. Nutrition and Immunization, Postpartum – Immediate and interval, Postpartum FP)?			
11. Has the facility been used as a practicum site for FP/RH in the recent past (if yes, by whom?)			
12. How many participants can the facility accommodate according to the client load and space available?			
13. Are there other similar facilities that can accommodate participants with easy access from the training venue?			
14. Are FWAs and CHCPs linked with the facility with referrals?			
15. Is the facility accessible to the classroom training venue (if no, can transport be organized for participants?)			
16. Does the facility have teaching equipment such as audio-visual equipment that can be used for training?			
17. How many FP clients for each practicum objective were seen at the clinic in the last month?			
18. For example, how many clients are expected to return for resupply (for oral contraceptive pills) or reinjection (for DMPA) during the period participants are in training?			

Actions to be taken to make the clinic usable as a practicum training site:

By whom?

By what date:

HANDOUT 6B

Selecting and Preparing Clinical Practicum Sites

Selecting a Clinical Training Site

The success of a competency-based training course depends upon having a site where participants are exposed to an adequate number of cases and can practice in a supportive environment that reinforces standards taught in the training course.
Clinical sites should be selected based on the following criteria:

- Patient mix and volume
- Equipment, supplies, and drugs
- Available physical facility
- Staff (number of staff, skills needed)
- Quality of services according to national standards
- Transportation accessibility
- Other training activities (If there are other trainings going on, predict possible obstacles/barriers. What are possible solutions?)

Steps in Developing a Clinical Training Site

1. Discuss the process that will be needed to prepare the site for a clinic practicum with the clinic staff.
2. Select an appropriate team to make the site assessment.
3. The purpose of the assessment will be to determine what needs to be done to prepare the site for a clinical practicum.
4. Brief the assessment team on what you plan to do.
5. Decide what you will need at the facility to make it a practicum site.
   - Patient mix and volume
   - Equipment, supplies, and drugs
   - Supportive staff delivering high-quality services
   - Protocols and correct procedures
   - Transportation
   - Trained FP providers who can be trained in mentorship
   - Clinical training managers and systems

19. Conduct an analysis of the current situation in the facility.
    - Site assessment – what is currently available?
    - Look at existing performance data and review records
    - Use inventory checklists
    - Use observation checklists to observe procedures and staff performance
20. Define the gap between the current situation at the facility and what is needed to make it a good practicum site.
    - Meet with assessors and clinic staff.
    - Define what will be needed.
21. Perform a cause analysis.

- Work with clinic staff to find the reasons for the gap.

22. Select interventions.
    - Work with the staff to decide on interventions and prioritize them.
23. Plan interventions
    - Create an action plan.
    - Include who will do it, the resources needed, a deadline, and determine how to monitor progress.
24. Make the changes.
25. Monitor and supervise the changes.

Selecting a Clinical Instructor/Field Trainer

In addition to meeting the criteria for a good clinical training site, expert clinical instructors are needed. Good service providers do not necessarily make good clinical instructors. Clinical coaches must perform clinical procedures perfectly and should also be able to effectively transfer knowledge, attitudes, and skills to participants. There are various terms used to describe clinical instructors: preceptor, tutor, coach, and mentor. A clinical coach may be a physician, midwife, or nurse, but is always an experienced clinician.

In selecting a clinical instructor, some important characteristics include:

- Demonstrated proficiency in skills to be taught
- Good interpersonal communication skills (both with clients and participants)
- Professional attitude
- A desire to be a clinical coach
- The patience and commitment to give the time needed
- The ability to create dynamic training activities (not just to demonstrate a procedure)
- Willingness to provide post-training support if needed
- The humbleness to acknowledge that they are not always right.

Clinical Procedure Skills Training

Clinical coaches should be trained to be coaches for effective skills development of participants. Being a competent service provider alone is not adequate. In addition to their FP and AYFS competencies, clinical coaches should be competent in:

- Understanding of participants' learning needs and practicum objectives
- How to guide participants to learn, through practice with real clients and/or simulation using anatomical models and roleplays
- Problem solving
- How to coach participants during practicum while protecting the rights of the client
- Ability to use the skills checklists to monitor and evaluate participants' competencies and give feedback. Report on participants' learning experience.

Once clinical coaches with the above characteristics have been selected, they may need training in how to conduct competency-based clinical training. Competency-based training is very different from the traditional education most of us received. **Competency-based training is learning by doing**. It focuses on the specific knowledge, attitude, and skills that are needed to carry out a procedure, task, or activity. All clinical training should be competency-based. In competency-based training, clinical skills are developed in the

classroom, in a simulated setting, using roleplays or an anatomical model, before the participant comes into contact with an actual client in a clinical setting. During the learning process, the clinical coach determines whether and when the learner is competent to practice the relevant procedures on clients in a supervised clinical setting.

Clinical coaches should have the capacity to facilitate participants' learning by creating a supportive learning environment and enabling participants' individual learning processes. They should also serve as a role model to strengthen participants' professionalism by empowering the development of their professional attributes, identities, and enhancing attainment of participants' professional competence in FP and AYFS service delivery.

Clinical coaches should determine competency in the provision of methods by assessing a learner's knowledge, attitudes, and skills throughout the learning intervention against a set of criteria captured on a validated knowledge assessment tool and skills checklist. As a general rule, participants should:

- Be introduced to the procedure
- Observe demonstrations in roleplays, on models, and with clients
- Have opportunities to practice the required procedures in roleplays or on anatomical models in a simulated setting
- Be coached and receive constructive feedback

In the competency-based training approach, actions required to complete each clinical task are detailed in checklists that then serve as guides for both instructors and participants. The checklists of tasks for each skill are derived from evidence-based, internationally accepted standards. They are specific and even include the communication and recording activities required. Competency-based training checklists can be found in each of clinical training modules in the *Training Resource Package (TRP).*

The **skills checklists** are used in a variety of ways in training. On arrival, the instructor should assess the participant's learning needs by assessing his/her performance with a checklist. The checklist should be filled out and given to the participant to use as a learning guide during the course. Participants can verify the validity of the items on the checklist as they observe the instructor performing the skill. Later each participant uses the checklist to guide development, integration and proper sequence of each task within the skill as s/he develops clinical competency. Periodically during the course, the participant is observed by the instructor to assess progress. Participants may also observe and critique each other using the checklist. When the participant can demonstrate the ability to perform all the actions on the checklist with 100% accuracy, the participant can advance to actual clinical practice with clients.

During the practicum, the clinical instructor must again determine whether the learner can safely, effectively, and independently perform the procedures. Only then can a learner be considered qualified to provide the method(s) at their workplace. Newly qualified participants should be instructed to refer complicated cases to more experienced providers, unless they can perform those under supervision. **Participants should not be left alone in clinical practice until they are considered competent in order to ensure client safety and maintain quality of care.**

A **skilled instructor's judgment** is the most important factor in determining a participant's competence. Competence carries more weight than the number of procedures performed. Instructors must enable every participant to achieve competency and provide additional practice of skills if necessary. Using competency-based checklists ensures that participants have mastered clinical and counseling skills and activities, first with roleplays and models and then with clients. Checklists also ensure that all participants will have their skills measured according to the same standard and forms the basis for follow-up

observations and evaluations. After a participant demonstrates competency, they can work with clients and checklists can be used again to assess their performance.

How Much Clinical Practice is Needed for Certification?

For the purpose of planning training, instructors should arrange 3 to 5 cases per participant to ensure an adequate number of clients are available during the practicum. The actual number of supervised client procedures completed by each learner will vary based on how quickly the participants develops mastery of the required skills. Every participant is different and acquires competency at a different rate. Some participants may have been providing services before joining pre-service education and may therefore acquire skills much more quickly than their peers. Competency should be based on observation and assessment rather than the number of procedures performed.

Practicums (or simulations of client visits) can be used to assess the competence of participants and provide them an opportunity to practice using their new knowledge and skills under the supervision of a clinical coach or experienced provider. This practice may occur in a clinic-based practicum or in a simulated setting (see below).

What is the Proper Length of Clinical Training and Ratio of Instructors to Participants?

There is no absolute number of days for clinical training and no perfect ratio of instructors to participants. However, for training in pre-service education on FP and AYFS it is recommended that at the very maximum the ratio should be 1 instructor to 5 participants. The number of participants should be limited based on the number of clients expected and complexity of the skills being learned. There should be a balance between practice on models versus practice on clients, and models should be available in clinics where clinical training is held. Practice on clients should be conducted after the participant has displayed competencies on anatomic models to ensure client safety. The clinical coaches should prepare to perform every step of the procedure with the participant where models are not available. For procedures that require a high level of skills and the potential to do harm to the patient (such as IUD or implant insertion) a clinical instructor or clinical coach should always be present. For skills like counseling, once the instructor is satisfied that the participant is performing the skill correctly, the training may continue to practice without direct one-on-one supervision. In places where the practicum site has few providers who have been trained to be clinical coaches, the clinical instructors and educators from the schools can serve as clinical coaches during participants' practicum. This practice is highly encouraged for educators and clinical coaches to maintain their skills for effective classroom instruction and practice and be up to date with FP practices in the country.

Steps for Guiding a Clinic-based Practicum

1. Orient the participants on the service delivery practices at the facility, including client flow and preparation of the facility for service delivery.
2. Orient the participants on the space where they will be seeing clients for visits. Ensure that they know where to access the supplies, equipment, and records that they need during their interactions with clients.
3. Pre-screen clients to ensure that their reason for visiting the clinic is to receive FP services. Ideally, it would be most efficient to assign clients to participants according to their practicum objectives.
4. Before initiating any interaction with a client, inform the client that this is a learning activity for the participant that will occur under the close observation of an experienced instructor who is prepared

to intervene as needed. Ask the client's permission for the participant to conduct the session. Explain that the client has a right to decline if she feels uncomfortable.

5. Use the competency-based skills checklists to document the instructor's observations of the interactions that the participants have with clients. Adapt the checklists as needed to include specific tasks and sub-tasks related to the method. During the course of each participant's interaction with a client, check (not applicable) next to the item described in the checklist. Use the space on the second page of the checklists to make detailed notes about your observations.
6. If at any time during the participant's interaction with the client it appears that the client's care is being compromised, intervene in the interaction or the procedure to ensure the client's safety is maintained at all times. Decide whether the participant should receive a passing score (if she demonstrated overall competence) for this interaction and note that on the last page of the checklist.
7. Immediately after the conclusion of the client interaction, meet with the participant to discuss your observations. Provide reinforcement for the items or tasks that the participant completed correctly and offer constructive feedback for items or tasks that the participant needs to improve. As indicated, instruct the participant to read pages from the handouts to review key information or tasks that need improvement. Share your overall score of the interaction with the participant, indicate passed/failed in the space provided, and ask the participant to sign the checklist.

HANDOUT 6C

Participant's Log for Practicum

Name of Training Course:

Recording Participants' Practicum Log

- Use this form to keep a record of participant acquisition of practicum objectives and transition through the three stages acquisition, competency, and proficiency.
- The form should be completed by the facilitator/field trainer/instructor at the end of each procedure.
- At the end of the training, assess the number of times each objective was practiced and complete the total for each participant and assess against the practicum objective.
- The number of objectives met by each participant should be included in the report and communicated to the supervisors of mentors for continued guided practice.

Name of Participant:

Venue of Training: **Districts:**

Dates of Training

Practicum Objectives:

Practicum Objective List	Date Classroom	Date Practice	Signature of Instructor	Comments/Recommendations

MODULE 7

Monitoring, Evaluating, Learning, and Reporting Training

INTRODUCTION

This session is intended to give participants techniques and tools to monitor and evaluate participants in a training. Facilitators should note that some of the tools may already be available in national FP/RH curricula and national training standards. This module also includes reporting. This module has one session.

TOTAL MODULE TIME

1 h. 15 min.

LEARNING OBJECTIVES

- Describe the monitoring, evaluation, and learning (MEL) cycle.
- Explain reasons for MEL in training.
- Describe MEL activities in training.
- Identify methods and tools for monitoring and evaluating training.
- List criteria for assessing critical tasks in training and service delivery.
- Demonstrate ability to write a training report using provided template.

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Discussion
- Individual exercise

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handouts 7A and 7B
- List of Standard Forms and Templates from *Family Planning Manual*
- Monitoring and Reporting from Family Planning Manual

ADVANCE PREPARATION

- Review PPT slides.
- Make copies of Handouts 7A and 7B for all participants.
- Compile all monitoring and evaluation forms and reporting templates being used for the various FP trainings and use them as handouts during this workshop.
- Ideally, you will be able to provide a training report template for Activity 8.
- Have examples of training reports ready to share, as this is a practical part of the training.

NOTES TO TRAINER

- Read Handouts 7A and 7B for additional information.
- Activity 8 is meant to be completed either individually or in groups (if the participants report to the same manager) outside of training. Participants can do the activity in the evening or during a break.

SESSION OVERVIEW

ACTIVITY	TIME
Session 7-1: Monitoring, Evaluation, Learning, and Reporting	75 min.
Total Session Time	**1 h. 15 min.**

Session 7-1: Monitoring, Evaluation, Learning, and Reporting

1 h. 15 min.

Activity 1: Introduction (5 min.)

Session Topic and Objectives

Display Slide 7.1 to introduce session topic and objectives.

Explain that this session is important because it answers questions about the ToT and provides lessons learned for future training. The session will cover why we report and how we use data.

Explain that this first activity will be on MEL and that reporting comes at the end of the session.

Activity 2: Presentation (10 min.)

MEL Cycle

Explain that MEL is a cycle as all components feed into each other.

Display Slide 7.2 to explain each component.

- ***Monitoring*** – happens throughout the learning events with use of information to inform the next event. It includes monitoring learning, effectiveness of the facilitation, and the learning environment itself. Examples:
  - Question and answer
  - Daily reflections, 'Where are we?' and journaling
  - Facilitator feedback meetings

- ***Evaluation*** – happens at the end of each session to evaluate learning, midway through the ToT, and at the end of the ToT. Evaluation is summative and, like monitoring, evaluates learning, facilitator's effectiveness, and the ToT's logistics, environment, and post-training skills application. Examples:
  - Pre-/Post-test knowledge assessment
  - Workshop evaluation (written or verbal)
  - Post-training skills application on the job and retention

- ***Learning –*** this is the data and messages generated by or drawn from monitoring and evaluation (M&E). Examples:
  - We learned that it is important to dry run sessions in advance for smooth learning transfer.
  - Participants learned a new method of client-focused counseling.
  - The training venue is easily accessible for the training and practicum.

- ***Apply*** – is how the data or information is used on an ongoing basis and for the future. Examples:
  - Keep same training venue
  - Follow-up and support new counseling skills on the job
  - We will always dry-run sessions

Activity 3: Discussion (5 min.)

Why Do We Monitor and Evaluate?

Ask participants: Now that we have been oriented on evaluation, why is it done and why is it important?

Record responses on a flipchart.

Display Slide 7.3.

Emphasize the need to always document, feedback, and apply what has been learned from M&E.

Activity 4: Small Group Work (15 min.)

Timing and Tools for M&E

Ask participants to draw on their experience and what they have learned during this workshop: When and what tools have they seen being used to evaluate or monitor learning?

Acknowledge responses. Examples:

- At the beginning, we wrote a knowledge pre-test.
- At the end of each session, we reviewed the objectives

Divide participants into 4 small groups.

Display Slide 7.4 and 7.5.

Assign each group a timing for MEL activities as per the instructions:

- ***Objective:*** Familiarize yourselves with tools used at each stage of ToT.
- ***Instructions:***
  - Group 1: Before and at the start of training
  - Group 2: During the training
  - Group 3: At the end – last day of training
  - Group 4: Follow-up 6-12 months post-training
  - In your small group, agree on methods and tools to be used during your assigned stage of CBT.
  - Record method and tools on a flipchart.
  - Be ready to present in 10 minutes.

Activity 5: Plenary Presentations & Discussion (15 min.)

Timing and Tools for M&E

Give each group 3 minutes to present.

Ask other groups to ask for clarification or add to the presenting group's work.

Display Slides 7.6-7.8 to add anything missed by in the small group work.

Activity 6: Discussion (10 min.)

Criteria for Assessing Critical Skills

Explain that on skills assessment forms it is not the number of items checked but which skill tasks have been done or not done that is important.

Explain that some tasks carry more points and importance based on a criterion. Examples:

- In clinical FP service delivery, a critical task is infection prevention—if not done or there is contamination, it means that the participant has failed, as this exposes a client to infection.
- **In training,** if the participants have not learned anything, then the trainer fails because the goal of the training has not been met.

Display Slide 7.9 to give the critical tasks for facilitators and service providers.

Explain that the similarities are whether the objective has been met in training, it is learning that will be applied on the job and during service provision.

Activity 7: Discussion (10 min.)

Reporting

Explain that in this part of the session participants will share experiences and learn about the what, why, for whom, and how of reporting.

Ask participants who among them has written training reports.

Ask 2 or 3 of those participants to share why and for whom they wrote their training reports, what information was included, and whether they used a template.

Acknowledge their contributions.

Display Slide 7.10 to clarify the meaning of and reason for reporting, using the information and experience shared as examples.

Emphasize the need to share information to show accountability and also to inform future workshops. Include financial accountability in relation to items like participant attendance by day, printing, handouts given, etc.

If there is a template, go through the template. If not:

Display Slide 7.11a, 7.11b, and 7.11c to give the areas for reporting, details required, and why the area of reporting is important.

Activity 8: Individual Exercise (participants' own time – outside training)

Practice Report Writing

If there is a template, distribute the template.

If there is no template, ask participants (in their own time) to write a letter to their supervisor reporting about the training, covering the reporting areas provided in the previous activity.

- If participants report to one supervisor, that group of participants should write one report together.
- If all participants report to one supervisor, ask that they write report to the training or facility managers or colleagues.

Ask a few participants to share their report the next day.

Review each participant/group report and give individual feedback.

Activity 9: Conclusion (5 min.)

Summary and Closing

Distribute **Handouts 7A** and **7B** for participants to review.

Review the extent to which the objectives have been met.

Explain that the next session will be on implementing a training and they should think about places for M&E activities during that. After that we will address follow-up, which is related to how we use the findings from monitoring and evaluation.

Module 7 Handouts

HANDOUT 7A

Monitoring, Evaluation, Learning, and Reporting

Evaluation

Evaluation is a continuous process based on agreed-upon criteria for measurement of the performance of learners, the effectiveness of facilitators, the quality of the performance of learners, and the quality of the capacity building ToT.

Why Evaluate?

Let's first ask why we need to evaluate in the first place.

- ***Mandate:*** Requirement for some type of evaluative response on capacity building from participants and facilitators.
- ***Improvement:*** We should always strive to make tomorrow's sessions better than today's. There is a need to continue to improve capacity building performance, and participants' and colleagues' critiques can be used constructively to aid us in that effort.
- ***Justification:*** There are many times when we are called upon to defend or justify the continuation of a certain training or program. If we can produce objective data that honestly serve that purpose, a reviewer is able to quickly recognize the value of the program.

Evaluating the Participants' Reactions

There are three easily measured areas that will provide feedback on participants' performance. These are: (1) participants' reactions, in terms of feelings and opinions about the capacity building activities; (2) the learning; and (3) the attitudinal change.

1. Determining Participants' Reactions—The First Evaluation Area

The way the **participants feel about the tasks** is vitally important to the continuation of learning activities as planned. Whether the participants' feelings are positive or negative, you need to know so that you can use them to improve the training or to convince management of a training's value.

Questionnaires are ideally suited to collecting participant's feelings and opinions. Questionnaires designed with open-ended questions are the best for this.

The following are examples of open-ended questions that might be used to measure student reactions:

- How do you feel about the session?
- What do you think about the learning process?
- What is your opinion about the CBT?
- How do you think the learning could improve?

2. Investigating Participants' Learning—The Second Evaluation Area

Pre-test and post-test are reliable methods for determining what learning has occurred as a result of the training.

There are four basic techniques that may be used to test learning. These are the written test, the demonstration, problem discussion, and roleplay.

- Demonstrations by the participants of the new skills give the facilitator a firsthand opportunity to evaluate the provider's learning. By asking for participant's demonstrations, you can identify problem areas and help to correct them before the training is concluded.
- **Discussion** is another way to assess participants' learning. By posing a problem for them to solve in small group discussion sessions, you can observe and evaluate the knowledge and skills they apply to the problem.

3. Testing Participants' Attitude Changes—The Third Evaluation Area

In roleplay, a participant is asked to act out a part in a specific situation. Roleplay is similar to demonstration except that it usually requires interaction with another person. You might ask a participant to play the role of a facilitator who has to explain some new techniques to their colleagues. The other participants play the part of the colleagues. By observing how the trainees treat each other before and after roleplays, you can measure their attitudinal change.

Evaluating on the Job Results

The objective of training is to improve on-the-job results. In the final analysis, if your trainings are effective, they should result in the following.

Facilitators

- Improved quality of training by facilitators – better coordinated planning, use of CBT methods, improved focus on skills development
- Positive reactions to the capacity building from participants
- Improved scores from pre-test to post-test
- Application of skills on the job

Participants/providers trained by facilitators

- Improved skill application on the job (feedback collected from participants during follow-up, or from supervisors)
- Elimination of barriers to FP access
- Improved FP uptake, before-and-after basis
- Adherence to standards
- Quality of FP service provision

Instrument	Evaluates
• Pre-test and post-test • Questionnaire • Observation • Before and after comparison	• Learning • Attitudes, opinions, and perceptions • Behavioral change • Use of skills • Productivity and overall effectiveness

Evaluating Behavior Change

- Behavioral change is measurable
- Teamwork
- Taking initiative
- Problem solving
- Positive feedback from clients

The ideal prerecording would be to show the participants' activities on the job with the video equipment (before and after) through roleplays.

The Process of Evaluation

If learning activities are designed with thought given to the evaluation process, evaluation can be an easier task. Many facilitators use an evaluation form as a guide in designing a session or presentation.

Ways of obtaining evaluation information

There are four basic evaluation information collection techniques that are useful to facilitators. They are the questionnaire, interview, tests, and observation.

- ***Questionnaires*** are the most popular instrument used by facilitators. They are easily administered. A wide variety of questions are necessary to ensure validity. The value of questionnaires is that you can collect data on the feelings, opinions, thoughts, and beliefs of the participants.
- ***Question and Answer/Interviews*** are useful to gather information and reduce some of the bias in questionnaires. If an answer indicates that the participant does not understand the question, the facilitators can clarify that question. The questions can be altered responding to the concerns of the participants.
- ***Tests (Pre and Post)*** are valuable in determining how much the participants have learned. Tests in training evaluation should be designed to test comprehension.
- ***Observation,*** the most valuable techniques in competency-based training. Participants non-verbal and verbal reactions can be observed all the time. Facilitators who watch the facial expressions and other body movements of the participants can get immediate and valuable feedback.
- ***Analysis and Revision***
  - Once the data have been collected, you must review the results and determine their significance. This may require a minimal or a great amount of time, depending upon the number of the participants and the number of questions asked.

- In analyzing reactions look for causes. Wherever possible, identify specific problems that can be corrected by revising the capacity building workshops.
- Comparing results against objectives. The difficulty comes in determining what the results are. The process of evaluation has been reduced to the following steps:

Comparison of advantages and disadvantages of different types of assessments

ORAL QUESTIONS/VERBAL FEEDBACK	
Advantages	**Disadvantages**
1. Provide direct personal contact with participants	1. Lack standardization
2. Provide opportunity to take circumstances into account	2. Lack objectivity and reproducibility of results
3. Provide flexibility in moving from participant's strong points to weak areas	3. Permit favoritism and possible abuse of the personal contact
4. Require the participant to formulate his/her own replies without cues	4. Suffer from undue influence of irrelevant factors
5. Provide opportunity to participant to arrive at an answer	5. Suffer from shortage of trained examiners to administer the examination

CLINICAL ASSESSMENTS	
Advantages	**Disadvantages**
1. Provide opportunity to test in a realistic setting on skills involving all the areas on which the facilitator can observe and check performance	1. Lack standardization
2. Provide opportunity to confront the participant with problems s/he has not met during the classroom simulations to test his/her ability as opposed to his/her ability to apply knowledge and skills on the job.	2. Lack objectivity and suffer from intrusion or irrelevant factors. This is decreased with the help of a checklist.
3. Provide opportunity to observe and test attitudes and responsiveness to a complex situation (videotape recording).	3. Are of limited feasibility for large groups
4. Provide opportunity to test the ability to communicate under pressure, to discriminate between important and trivial issues, to arrange the data in a final form	4. Entail difficulties in arranging for clinical assessments of participants demonstrating the skills to be assessed.

MULTIPLE-CHOICE QUESTIONS	
Advantages	**Disadvantages**
1. Ensure objectivity, reliability, and validity; preparation of questions with colleagues to provide constructive criticism.	1. Take a long time to construct in order to avoid arbitrary and ambiguous questions
2. Significantly increase the range and variety of facts that can be sampled in a given time.	2. Provide cues that do not exist in practice
3. Provide precise and unambiguous measurement of the higher intellectual processes	
4. Provide detailed feedback for both participants and trainer	
5. Are easy and rapid to score	

HANDOUT 7B

Training Evaluation Tool

There are four basic phases of training evaluation. A trainer should be careful to use the tool and know the phases clearly to get a clear and in -depth picture about conducting training. This tool is based on famous Kirkpatrick training evaluation model.[1]

Phases

Reaction level

- Observe how participants react at the beginning of the training
- Try to understand their feelings
- The training environment is ok or not
- Trainer, participants, logistics, time are ok or not

Learning Phase

- To know about whether the trainee truly understood the session, and whether improvements in areas of Knowledge, Skills, and Attitude are in progress

Behavior level

- Acceptance and approval of the learning
- Changes in behavior
- Changes in attitude

Result level

- Positive change in service
- Increase in productivity
- Improvement in organizational image
- Increase in client flow

Scale:

1. Very satisfactory
2. Satisfactory
3. Average
4. Poor
5. Not answered

[1] Donald Kirkpatrick and James Kirkpatrick. *Evaluating Training Programs: The Four Levels (3rd Edition).* San Francisco: Berrett-Koehler Publishers, 2006.

Questions		Scale					Indicator
		1	2	3	4	5	
1	How would you rate the welcome to the training/ program?						• Properly welcomed • Information provided • Smiles
	Do you think the classroom, seating arrangement, and surrounding environment were satisfactory?						• Quantity • Standard • Cleanliness • User friendly • Comfortable • Workable/useful • Food/refreshment • Security • Gender friendly
2	Presentation skills, attitudes, and skills of trainer						• Reaction/Acceptance • Attitude • Presentation standard • Effectiveness • Body language • Flexibility
3	Do you understand the session content clearly? Have the knowledge, skills, and attitudes been transferred?						• Conception of the topic • Importance • How to use the knowledge and skill • Feeling of making progress • Confidence level • Willing to use the knowledge, skills, and attitudes
4	(Result level) Organization and service recipient						• Working environment • Client flow increase • Increased client satisfaction • Total productivity and image of the organization has improved (Result-level evaluation to be done after on-the-job refreshers.)

MODULE 8

Simulation Practicum

INTRODUCTION

This module is a consolidation of the knowledge and skills acquired thus far and gives participants the chance to practice their practical application. Participants will practice session delivery to apply facilitation and communication skills, adult learning principles, gender considerations, and CBT methods. Content topics for the practice will be obtained from the *Family Planning Manual (Directorate General of Family Planning, 2018)* and *Training of Trainers: Gender Integrated Family Planning Programs (Shukhi Jibon, 2019)*. Participants will be encouraged to use updated FP materials such as *Family Planning: A Handbook for Family Planning Providers (WHO, 2018) and Training Resource Package for Family Planning (TRP, updated 2019), which* provide examples of both FP content and how to use CBT methods. This module has one session.

TOTAL MODULE TIME

7 h. 30 min.

LEARNING OBJECTIVES

- Explain the importance of practicing session facilitation during a competency-based training.
- Demonstrate the following through a micro-teaching simulation:
- Facilitation and co-facilitation skills
- Application of adult learning principles and gender considerations during training
- Use of at least one competency-based training method
- Demonstrate using a training observation checklist and providing feedback.

TRAINING METHOLODOLOGIES

- Small group work
- Simulation – micro-teaching presentation
- Discussion

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handouts 8A, 8B, and 8C
- Projectors, flipcharts, markers, training materials, etc. for participants' simulation
- Clinical equipment, samples of contraceptives, clinical equipment, instruments, supplies, gloves/infection prevention supplies, and anatomical models for demonstration in micro-teaching simulation
- *Family Planning Manual* (Directorate General of Family Planning, 2018)

- *Family Planning: A Handbook for Family Planning Providers* (2018)
- *Training Resource Package for Family Planning* (updated 2019)—available online or as hardcopy

ADVANCE PREPARATION

- Review PPT slides.
- Make copies of Handouts 8A, 8B, and 8C for all participants.
- Procure additional computers, flipcharts, markers, training materials, etc. that participants need to conduct the micro-teaching practice sessions.
- Prepare slips of paper with the micro-simulation teaching topics for Activity 4.
- Print for each participant the following tools to be used during the simulation. (Each participant should keep the tools as these will be used during onsite mentoring.)
  - Handout 8A: Trainers' Skills – Self-assessment of Competencies
  - Handout 8B: Trainer's Skills – Competencies Checklist
  - Handout 8C: Training Observation Checklist
- Clinical Skills Checklists from the relevant FP Clinical Skills Training Manual

NOTES TO TRAINER

- This module includes practice simulations and each participant will be expected to facilitate or co-facilitate a 30-minute session.
- The total time required for this module will depend on the number of participants and whether participants facilitate the sessions alone, with a co-facilitator, or two co-facilitators (pairs are preferred). This manual assumes there are 8 pairs of co-facilitators (i.e., a total of 16 participants in the training).
- Give the assignment the day before and encourage participants to prepare.
- Trainers and observers will use the checklist (Handout 8C) and give feedback to the practicing participants.
- The facilitation can either be to a small group with the rest being observers or to the whole group playing the role of observers and "participants" of the practice teaching sessions.
- Avoid practice of lectures and let participants practice roleplays, case studies, and demonstration on various FP topics.

SESSION OVERVIEW

ACTIVITY	TIME
Session 8-1: Micro-teaching Practice	450 min.
Total Session Time	**7h. 30 min.**

Session 8-1: Classroom Practicum of Facilitation Skills

7 h. 30 min.

Activity 1: Introduction (5 min.)

Introduction

Display Slide 8.1 to introduce session objectives.

Explain that this is not a test but a way to practice applying new knowledge and skills to prepare for application on the job.

Activity 2: Discussion (5 min.)

Why Practice?

Explain that CBT is all about building capacity of people to ***perform or be able to do*** and practice is the most important part of getting to that stage.

Remind participants of the "20-40-80 rule" from the session on adult learning.

Display Slide 8.2 to show reasons for practice for both participants and trainers.

Explain that:

- For participants, practice is a way of acquiring skills and identifying areas where there is need for more practice in the safe environment of a training.
- For trainers, it serves the purpose of evaluating the effectiveness of the facilitation.

Activity 3: Small Group Work (1 h. 15 min.)

Preparing a Micro-Teaching Demonstration

Divide participants into groups of 2 or 3. (Pairs are preferable, but if the group is large, groups of 3 may be formed.)

Display Slide 8.3 to give the objectives of the simulation group work and Slide 8.4 for instructions:

- ***Objectives*** – During this session participants will:
  - Demonstrate ability in a simulation to:
    - Apply principles of adult learning
    - Plan for session delivery using at least 1 CBT method

    - Co-facilitate a session
    - Use competency-based checklist
    - Give feedback and receive feedback
  - Make suggestions for changes to be made in the draft FP Training Manual for CHWs.

- ***Instructions*** – In your small group:
  - Prepare to deliver a 30-minute simulated training session.
  - Select the learning CBT method you will use for the learning (not a lecture).
  - Select from:
    - Roleplay
    - Case study
    - Small group work
    - Demonstration and return demonstration
  - Methods such as discussion, brainstorming, and mini lecture can only be used with the above methods if necessary and should not take the bulk of the session.
  - You have 1 hour to prepare and 30 minutes to deliver the session. After we will give feedback to each group.

Distribute **Handouts 8B** and **8C** and explain the areas of observation and how to complete each checklist.

Explain that this checklist will be the basis for providing feedback.

Explain that the participants can use multiple training methods in their 30-minute session.

Assign topics to each group (you may write the following topics on folded pieces of paper and ask a representative from each group to pick one):

- Giving DMPA re-injection – FWAs
- IUD removal – FWVs
- Implant insertion – Medical Officers
- Counseling about side effects of DMPA – CHCPs
- How to take combined oral contraceptives (COC)/OCP – SACMOs
- Decontaminating used instruments – FWVs
- Wearing and removal of sterile gloves – FWVs
- Counseling to enable voluntary informed choice – CHCPs
- Counseling on lactational amenorrhea method (LAM) – CHCPs
- Gender Sensitive Communication – SACMOs
- AYFS dealing with provider bias – Midwives

Display **Slides 8.5** and **Slides 8.6a-8.6b** after each co-facilitating team has picked their topic.

Point participants to the resources available to them in preparing their micro-teaching simulations.

Activity 4: Simulations (5 h. 45 min.)

Micro-Teaching Presentations and Discussion

Note: *The total time needed for feedback will depend on how many rounds of presentations there are/how many participants there are. The estimate here is sufficient for 9 groups to present and receive feedback.*

Help them to arrange for the "class" (e.g., seating, PPT, flipcharts).

Display **Slide 8.5** again to remind observers of the instructions.

Start the micro-teaching session delivery, keep time, and ensure observers are using checklist.

DO NOT INTERUPT.

Remind participants of the rules for giving and receiving feedback.

Facilitate a ~8-minute feedback session after each presentation/simulation, where trainers and participants offer constructive feedback.

Activity 5: Plenary Discussion (15 min.)

Debriefing on Micro-Teaching Exercise

After all participants have practiced, facilitate a discussion around the following questions:

- How did you feel about the practice session?
- What worked well for you? What felt easy?
- What was difficult?
- If given another chance, what would you do differently?
- What will you always remember from this experience in a real-life facilitation situation?

Activity 6: Conclusion (5 min.)

Summary and Closing

Display **Slide 8.7** to summarize the key takeaway messages.

Emphasize continued practice with peers using the observation checklists.

Distribute the self-administered checklist (**Handout 8A**) and explain that participants can assess themselves continuously.

Encourage continued learning as an important practice for trainers. Continuous learning is important to maintain proficiency in clinical FP and competency-based training methods, facilitation, communication skills, applying principles of adult learning, gender considerations, and giving and receiving feedback.

Summarize key observations from all trainers.

Thank participants for the sessions and explain that the observations from this activity will be used in planning for the next session on training follow-up.

Module 8 Handouts

HANDOUT 8A

Trainer's Skills – Self-Assessment of Competencies

Trainer Attributes "I" …	I have strength in this area √	How will I build strength in this area?
Am confident and fully prepared—just nervous enough to keep alert.		
Know my subject matter—have studied my topic and am experienced in the subject about which I speak.		
Know my participants—respect and listen to participants, call them by name whenever possible.		
Am neutral and nonjudgmental—validate everyone's experiences and their right to their own perspectives; respect differences of opinion and lifestyle.		
Am culturally sensitive—aware that my own views and beliefs are shaped by my cultural background just as participants' cultures shape their perspectives.		
Am self-aware—recognize my own biases and "hot-buttons" and act in a professional manner when they are pushed.		
Follow adult learning principles while conducting training • 20/40/80 rule • Draw on participants' experience during trainings • Give relevant and evidence-based examples • Engage each and every participant in discussion		
Am inclusive—encourage all participants to share their experiences and contribute to the group learning process.		
Use standard facilitation skills. • Maintain eye contact • Support and help participants in learning		

Trainer Attributes "I" …	I have strength in this area √	How will I build strength in this area?
• Ask open-ended questions • Use appropriate job aids • Paraphrasing • Summarizing • Initiate discussions and facilitate to engage the participants in meeting the session objective		
Am lively, enthusiastic, and original—I use humor, contrasts, metaphors, and suspense; I keep my listeners interested and challenge their thinking.		
Use a variety of vocal qualities—vary my pitch, speaking rate, and volume; avoid talking in a monotone.		
Am aware of my body language when presenting—body posture, gestures, and facial expressions are natural, culturally acceptable, and meaningful to reinforce the subject matter.		
Make my remarks clear and easy to remember—present one idea at a time and show relationships between ideas; summarize when necessary.		
Enhance my delivery with illustrations—examples, charts, visuals, and audio aids.		
Understand group dynamics—the stages all groups go through; am comfortable with conflict resolution.		
Am flexible—read and interpret my participants' responses (verbal and non-verbal) and adapt my plans to meet their needs; am in charge without being overly controlling.		
Am open to new ideas and perspectives—am aware that I don't know all the answers; recognize that I learn from participants as well as offer them new knowledge or perspectives.		
Am compassionate—understand that much of the material may have an emotional impact on participants; am empathetic and		

Trainer Attributes "I" …	I have strength in this area √	How will I build strength in this area?
understanding when participants' experience emotional reactions to training.		
Am interested in evaluating my work—encourage co-trainers and participants to give me feedback.		
Gather information ahead of time about the participants and training environment (venue, classroom, logistics, time allocation, etc.)		

HANDOUT 8B

Trainer's Skills – Competencies Checklist

Trainer: **Date:**

Co-trainer:

Evaluator: **Topic:**

Please summarize trainer's demonstrated knowledge and skills using the rating system below:

1 Trainer needs additional support in this area
2 Trainer demonstrates some ability in this area
3 Trainer shows strength in this area
4 Trainer is excellent in this area
5 Trainer is proficient in this area

Delivery — the trainer:	Rating
Greeted the audience warmly	
Used a voice loud and clear enough to be easily heard	
Engaging manner of speaking	
Assessed the knowledge and experience level of participants by asking a few questions on the topic to be discussed	
Delivered a talk designed in a logical way from beginning to middle to end	
Clearly described what to expect from the presentation	
Used effective and relevant examples and illustrations	
Defined unfamiliar technical terms and jargon	
Summarized the main points before finishing	
Showed flexibility and respected others' opinions	
Managed domineering participants successfully and controlled emotions in case of bias and unhealthy debate	
Described the benefits of the session to personal and professional life	
Moved around the class to be near to the participants while presenting	
Applied adult learning principles	
Used good facilitation skills	
Used good communication skills	

Visual Aids — the trainer:	**Rating**
Used visual aids	
Made sure materials could be viewed easily from all parts of the room	
Explained the points in a clear and simple way	
Did not block the screen or flipchart	
Talked to the participants rather than to the screen or flipchart	
Used key words rather than sentences	
Body Language — the trainer:	**Rating**
Maintained good eye contact with all participants	
Was friendly and smiling	
Used body language to help communicate ideas visually	
Used body language keeping in mind cultural and gender sensitiveness	
Audience Participation — the trainer:	**Rating**
Engaged the participants in discussions and group work	
Managed questions and comments with calm and courtesy	
Broke up lectures/discussion at appropriate points	
Provided clear instructions for all activities	
Clarified or rephrased questions to elicit participation	
Technical Competency — the trainer:	**Rating**
Taught technically accurate content	
Answered technical questions from the participants	
Assessed the level of technical knowledge of participants and adjusted the presentation accordingly	
Accurately broke down technical/complex concepts in a way that participants could understand	

Please use the space below to specify:

Specific topics where the trainer lacks technical knowledge/expertise:

Ways the trainer might connect better with and engage the participants, be more inclusive:

Ways the trainer might use materials more efficiently:

Ways the trainer might use a clearer, more organized approach:

Ways the trainer might use visual aids that better educate her/his or audience:

HANDOUT 8C

Training Observation Checklist

Name of Observer:

Name of Trainer:

Name of Training Institute: **Date:**

Tasks	Yes/ Always	Sometimes	No/ Never	Comments
Prepares for the FP Provider Trainings in Advance				
Is well prepared for all the trainings and training modules				
Has the correct quantity of the resources and materials needed to train				
Notices when materials are low in quantity and notifies the manager of the number of materials needed with enough advance notice so new materials can be obtained in time				
Helps other trainers to prepare for their sessions				
Follows the Steps in the Trainer's Guide and Uses Training Materials Correctly				
Follows all the steps correctly for each module of the Trainer's Guide and includes all important content				
Uses all training tools and handouts as described in the Trainer's Guide and sometimes uses innovative training methods to make them more effective				

Tasks	Yes/ Always	Sometimes	No/ Never	Comments
Uses PPT tools and flipcharts effectively (does not read from the PPT presentation or handout, summarizes key points in own words, maintains eye contact when making presentation)				
Uses flipcharts effectively to record responses during brainstorms and to summarize key points				
Adapts the training flow to the needs of the participants				
Gives the participants correct information and consistently verifies the FP providers' understanding of the information				
Uses job aids as teaching tools and shows the participants how to use them with the clients and community				
Can explain to other trainers how to follow the steps of the Trainer's Guide				
Manages Time During Training				
Always starts and ends training activities on time				
Completes training activities				
Controls the number of questions by stating how many questions will be allowed				
Follows the flow of the Trainer's Guide without pausing to read the steps.				

Tasks	Yes/ Always	Sometimes	No/ Never	Comments
Communicates information concisely and clearly, making sure participants have understood				
Keeps track of time and is aware of when to take tea breaks and lunch				
Gets agreement from participants to change timelines				
Assigns timekeeper if appropriate				
Engages All Health Providers in Participatory, Interactive Training Activities				
Keeps FP providers active and attentive				
Uses a variety of new and innovative energizers to keep participants energized; always knows when to use them				
Uses a variety of creative ways to break participants into small groups and to assign group leaders for small group activities				
Assigns participants tasks and roles to help organize training activities, pass out materials, or clean up and gather materials at the end of the day				
Teaches other trainers new energizers				
Demonstrates Participatory Facilitation Skills				

Tasks	Yes/ Always	Sometimes	No/ Never	Comments
Involves all participants by using a variety of participatory training methods and by asking questions				
Asks questions and encourages all participants to have a chance to answer by using eye contact and non-verbal communication				
Uses probing skills to guide participants to give the correct answer				
Uses active listening skills by paraphrasing what the participants asked				
When asked a question; redirects the question to the other participants				
Uses a "parking lot" to park questions that are best answered at a different time in the training				
Asks questions and allows several participants to answer				
Corrects any incorrect responses by clarifying the response and asking other participants what they think about the answer and facilitating a brief discussion to clarify misunderstandings				
Gives Clear Instructions for Learning Activities				
Gives instructions in a clear, specific, and concise manner				
Gives clear instructions to participants before each group activity				

Tasks	Yes/ Always	Sometimes	No/ Never	Comments
Asks participants if they understand the instructions and clarifies any misunderstandings				
Repeats the instructions using other words				
Asks participants to restate the instructions				
Observes participants during the activity to determine whether they are following the instructions correctly and clarifies misunderstandings				
Helps the co-facilitator give instructions during an activity				
Gives Participants Positive Feedback for their Participation				
Uses a variety of words when giving positive feedback on correct responses to a question				
Gives participants constructive feedback to improve performance				
Motivates and encourages FP providers to be attentive and participate in the training				
Is appreciative and respectful of participants contributions by saying "thank you"				
Gives co-facilitator positive feedback about their training				
Motivates co-facilitator to perform above expectations				
Answers participants questions correctly				

MODULE 9

Managing Training

INTRODUCTION

This module prepares participants to manage issues and challenges that may arise in any type of training (including but not limited to competency-based training). The module covers how to deal with issues that may affect learning such as teamwork among trainers and co-trainers, participant behaviors, and logistical issues. This module has one session.

TOTAL MODULE TIME

1 h.15 min.

LEARNING OBJECTIVES

- Explain the problem-solving process.
- Describe common training-related problems in the local context.
- Demonstrate the ability to apply problem-solving skills to manage select training problems.

TRAINING METHOLODOLOGIES

- Presentation
- Small group work
- Discussion
- Case study

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handouts 9A and 9B
- Post-it notes

ADVANCE PREPARATION

- Review PPT slides.
- Read the case studies (Handout 9B) and develop additional ones illustrating common training management problems, as appropriate.
- Make copies of Handouts 9A and 9B for all participants.
- Prepare pre-labeled flipcharts for Activity 3.
- Type up participant-generated solutions to the problems and distribute as a handout at the end of training (you may also retain these for future trainings).
- Encourage participants to apply their understanding of local context (e.g., gender and age dynamics).

SESSION OVERVIEW

ACTIVITY	TIME
Session 9-1: Managing Training-related Problems	75 min.
Total Session Time	**1h. 15 min.**

Session 9-1: Managing Training-related Problems

1 h. 15 min.

Activity 1: Introduction (5 min.)

Session Topic and Objectives

Display Slide 9.1 to introduce session objectives.

Explain that the problems that will be discussed here are general issues that can disrupt training and hinder attainment of learning objectives.

Activity 2: Discussion (10 min.)

Problem-solving Steps

Ask participants: When someone comes to you with a problem, what are some of the actions you take in response?

Acknowledge responses and paraphrase. Be sure to mention the following:

- Ask more questions about the problem
- Ask about its effects
- Ask what could have contributed to the problem

Display Slide 9.2 and go through each step of the problem-solving process.

- **Identify** the Problem: is it real a problem, what is the problem, who does it affect, who is involved?
- **Analyze** the problem: how big is it in terms of what and who it affects, what is contributing to the problem? Ask the "why, why, why" questions.

Explain that it is best to brainstorm solutions to generate many ideas. It is oaky to have 'do nothing' as a solution if the feeling is that the problem is small/has little or no impact or is temporary.

Explain that they should prioritize solutions based on criteria including:

- Easy to implement; has maximum effect in solving problem, both in the short and long term; it is not likely to recur
- Does not require resources that are difficult to acquire
- There is consensus among all key stakeholders on implementation of the solution

Explain that solutions should be implemented and monitored as follows:

- Clarify timeframe
- Clarify roles in implementation of solutions
- Agree on monitoring; ask yourselves "what does a solution look like?"

Explain that it is a cyclical process because at times finding a solution unearths other problems that may need to be solved through the same process.

Activity 3: Discussion (10 min.)

Common Problems in FP Training

In advance, label flipcharts with the words:

- Trainers
- Participants
- Training Implementation
- Gender/age-related issues
- Practicum Training

Ask participants to think of some of the problems they have observed in a training.

Ask participants to write at least 2 problems on post-it notes and place them under the appropriate headings.

Review the post-it notes.

Explain that participants will use case studies to apply the problem-solving steps to generate and prioritize solutions.

Display Slides 9.3 to 9.5 to review and discuss.

Explain that there are no right or wrong answers, every solution is important.

Activity 4: Case Study (20 min.)

Application of Problem-solving Steps

Divide participants into up to 6 small groups.

Distribute Handout 9B (case studies), flipcharts, and markers.

Assign one case study per group.

Display Slide 9.6 to give the instructions for the small group:

- Read the case study assigned to your group.
- Apply the problem-solving cycle.
- Answer the questions.
- Be ready to make a short (3-minute) presentation to the large group in 15 minutes.

Activity 5: Plenary Presentations & Discussion (25 min.)

Problem-solving Case Studies

Read each case study out loud and after each one, invite the group to present.

Ask each group to present their responses (3 minutes each).

Invite other trainers and participants to propose additional solutions after each presentation.

After all groups have presented, ask:

- Which of the steps were easy?
- What was difficult?

Suggest additional ways of addressing some of the difficulties, asking other participants for suggestions as well.

Ask participants if there are other challenging situations in training that they can imagine and discuss ways of addressing these.

Distribute Handout 9A (Managing Challenging Participants).

Explain that the participants can add more points, which the trainers will type up and distribute after the session.

Display Slide 9.7 to summarize key messages.

Activity 6: Conclusion (5 min.)

Summary and Closing

Explain that other problems that can arise during training are addressed in the trainer observation tools (Handout 8C: Training Observation Checklist).

Review objectives and the extent to which they were met.

Explain that this session will help in practicum training, facilitating, and delivering sessions as well as in MEL.

Module 9 Handouts

HANDOUT 9A

Managing Challenging Participants

Challenge	Description	Possible Causes	Possible Actions to Take
Chronic Talker	• Overly talkative—to the extent that other participants do not have the opportunity to contribute • Incoherent—rambling and off topic • Using irrelevant examples or analogies	• Naturally talkative • Wants to show off knowledge	• Listen, acknowledge, and gently refocus the discussion. • Ask them to allow others to give their opinion as well. • Place in parking lot ideas that are not related to topic.
Non-Participant	• Lack of participation or engagement • Uninvolved • Seems distracted or disinterested • Daydreaming	• Shyness or silence • Might be having personal issues	• Explore at individual level if s/he is having problems or is naturally shy. • Invite participant to participate by name. • Encourage by saying every idea is important. • Assign responsibilities. • Use games to engage (e.g., cards or toss the ball).
Know-it-all	• Has an opinion on everything • Always raises their hand when you ask a question • Thinks s/he is an expert in everything being covered • Likes to monopolize the training • Asks a lot of questions and has a lot to share • Rarely hostile	• A special personality trait, affected by "IK IK" syndrome (I know, I know) • Trying to show off • Wants attention	• Praise his/her eagerness to respond, but gently and firmly stop them by saying "let's see what other participants have to say". • Politely remind them of the topic and objective of the session.

Challenge	Description	Possible Causes	Possible Actions to Take
Entertainer /Joker	• Wants to be the center of attention • Seeks approval from the trainer and the group • Likes making jokes and being a clown	• A special personality trait • Wants attention	• Manage carefully and if situation allows, provide him/her a chance for entertaining/jokes. • Acknowledge and refocus on session procedure, mentioning the objective of the session.
Skeptic Naysayer	• Has rigid or prejudiced opinions • Reluctant to accept new evidence or information • Refuses to see how new content or information will work and is intent on proving why it will not work	• Might be having personal issues • Might have had relevant negative experiences	• Share evidence-based examples and benefits of the information to remove doubts. • Talk and listen to him/her during the break and allow him/her to vent • Acknowledge and seek support in continuing the sessions according to the plan and objective. • Also mention that the topic might be helpful for other participants.
Challenger	• Looks for ways to embarrass or challenge the trainer's knowledge. • Tries to challenge the trainer or try to make the trainer look bad • Thinks they know everything and makes remarks to undermine the knowledge or authority of the trainer • Has their own agenda • Questions activities and their usefulness	• A common phenomenon among adults • Wants to show off • Wants attention • Has own agenda	• Firstly, face the challenge by expanding knowledge comfort zone on the topic. • Control emotions and stay patient. • Use the parking lot or throw the challenge to other participants to get their opinions and summarize their answers. • Build rapport and talk with him/her during the breaks.

Challenge	Description	Possible Causes	Possible Actions to Take
	• May refuse to participate		• Try to understand his/her points and, if there is a good point, accommodate that in the session. • Engage in discussions, group work, and presentations.
Arguer	• Disagreeing with everything the trainer says • Sometimes makes personal attacks	• A special personality trait • Wants to show off • Wants attention	• Accept the point of argument but tell "we don't have to win every argument; we can both agree or disagree to any discussion". • Some of the arguments can be placed in the parking lot. • Build rapport and talk to him/her during breaks. • Try to understand his/her points and manage accordingly. • Engage in session activities.
Chronic Latecomer	• Consistently late to training in the morning and back from breaks	• May have personal problems • Personal habit	• Counsel him/her. Explain that how his/her practice of being late can influence others and affect the objectives of the training.
Multi-tasker	• Has their attention divided between checking or sending text messages, reading or writing something?	• A special personality trait/habit • May want attention	• Remind them of the norms that were agreed on for the training. • Give them special assignments (e.g., the person who has to summarize a session or day of training). • Engage them in session activities.

Challenge	Description	Possible Causes	Possible Actions to Take
			• Talk to them during the breaks.
Sleeper	• Sleeps during training • Can be disruptive to the group, especially if they snore	• Lifestyle • May have personal problem	• Engage them in session activities. • Engage them in assignments like summarizing a session. • Introduce more frequent energizer activities. • Make sure they move around frequently, e.g., when forming small groups.
Hostile Participant	• Having varying degrees of antagonistic behavior manifesting with bad intentions for obstructing training procedures and learning by others	• Personality trait • Having some dissatisfaction over the training environment or due to professional dissatisfaction	• Pay attention to the dissatisfaction regarding training environment and show respect to his/her professional dissatisfaction/unhappiness. • Engage in group work or exercise.

HANDOUT 9B

Case Studies for Managing Training

Case 1

Alia Akter is a member of a training team that is conducting a training on postpartum family planning for midwives. She is conducting the training with Sonali and Maya. Alia Akter knows one or two of the participants from school, but Alia Akter's fellow trainers, Sonali and Maya, are not aware of this. Alia Akter worked well with the team when planning for training. During the training Sonali and Maya overhear a conversation among participants that included some personal details about them. They had only shared those details in confidence during the planning meeting among the three trainers. In addition, a participant approached the trainers to say that she heard other participants talking about the performance feedback she had received from Alia Akter. She was very upset and accused the trainers of not respecting confidentiality.

- What is the problem in this case?
- How would you handle the problem?

Case 2

Two SACMOs are attending a postabortion FP (PAFP) training with 10 midwives. During practicum at the clinic, they said they will only provide emergency treatment of complications related to incomplete abortion (performing Manual Vacuum Aspiration, setting up Intravenous infusion, and giving IV antibiotics). The two SACMOs order the midwives to do the counseling and only to call them if a client only wants an implant. They insist that the midwives should set up the instruments and clean up after them as well.

- What is the problem?
- How would you handle it?

Case 3

Sobita is a very talkative participant—she knows it all. She does not raise her hand when the trainer asks questions, she just calls out the answer. In addition, she speaks while other participants or the trainer are talking and gives her opinion, which is not always correct. When she is corrected, she becomes very defensive and even tells the trainers "You were not listening!" During small group work, she takes the flipchart, writes what she thinks, and tells everyone "It's done!" The other participants tend to look at her first before they volunteer to answer questions.

- What is the problem?
- How would you handle the problem?

Case 4

It is Day 2 of a 5-day training. You are about 4 hours behind schedule with session delivery because the opening ceremony took a very long time. It is clear that at this rate participants will not meet the training objectives.

- What is the problem?
- How would you address this situation?

Case 5

Sonia is very quiet. She hardly says a thing and, even when asked, she just mumbles. Her pre-test score was fairly high. She looks bored and at times distracted, and seems to fall asleep in class.

- What is the problem?
- How would you manage Sonia and other quiet participants like her?

Case 6

More than half of the participants in the training have been called for a day-long urgent meeting. The training is 5 days long and this is Day 3.

- Is this a problem?
- How will it affect the training?
- What are some solutions?
- What are your priority solutions?

MODULE 10

Training Follow-up

INTRODUCTION

Training follow-up is an important link between training and transfer of learning on the job. It is also a link between trainers and supervisors. This session will take participants through how to conduct follow-up using select FP clinical skills checklists. Follow-up of participants by trainers does not always happen due to resource constraints. However, with the help of technology, many aspects of follow-up can be conducted even without in-person visits. This module has one session.

TOTAL MODULE TIME

1 h. 15 min.

LEARNING OBJECTIVES

- Describe training follow-up.
- Explain the importance of training follow-up.
- Identify approaches for conducting training follow-up.
- Demonstrate ability to plan for training follow-up.

TRAINING METHOLODOLOGIES

- Presentation
- Small group activity
- Discussion
- Roleplay

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handout 10A
- FP Clinical Skills Assessment Checklists that you will use during the follow-up practice (from the *Family Planning Manual)*

ADVANCE PREPARATION

- Review PPT slides.
- Make copies of Handout 10A for all participants.
- Select FP Clinical Skills Assessment Checklists to use.

NOTES TO TRAINER

- Prioritization of who receives immediate follow-up can be based on:
  - Performance in class, participation in small group work, showing understanding, pre-/post-test knowledge scores, skills acquisition, and journaling
  - Level of confidence stated by participants to immediately apply skills in real-life situations
- Skills gaps that are critical for client safety, effectiveness, and efficiency should be prioritized. These include infection prevention, how to administer the contraceptive method, and counseling.

SESSION OVERVIEW

ACTIVITY	TIME
Session 10-1: Training Follow-up after FP Clinical Skills Training	75 min
Total Session Time	**1h 15 min**

Session 10-1: Training Follow-up after FP Clinical Skills Training

1 h. 15 min.

Activity 1: Introduction (5 min.)

Session Topic and Objectives

Display Slide 10.1 to introduce the session topic and objectives.

Ask a participant to read the objectives out loud and summarize in their own words.

Activity 2: Discussion (15 min.)

Description of Training Follow-up

Ask participants: Has anyone ever received or conducted follow-up after a training?

Ask these participants to describe what happened during the follow-up.

Summarize key points and display Slide 10.2.

Label 2 flipcharts "Trained Providers" and "Trainers."

Ask participants why they think follow-up is conducted.

Ask for volunteers to record responses under the label that is most relevant to the response.

Acknowledge and summarize responses.

Display **Slide 10.3** to add to participants' contributions regarding follow-up.

Emphasize that:

- Follow-up is a critical link between any training and on-the-job application of learning.
- Follow-up provides an excellent opportunity to support application of knowledge and skills and to address workplace-related problems that hinder skills application,

Explain that follow-up is even more critical in the local context because:

- FP trainings are short in duration, so it is difficult for participants to leave with the required competencies in every aspect of training.
  - *For example:* Sometimes participants leave without meeting all practicum objectives because of issues like low client volume at health facilities or lack of anatomical models in skills lab.
- Supervision capacity in terms of numbers, resources, and FP clinical skills is limited in most cases.

Explain that sometimes trained providers face challenges that hinder application of skills and, if time passes without receiving support, they give up. Without practice, skills acquired in training are not maintained.

Examples of factors hindering skills application at work can include:

- **Lack of equipment**—requires discussion with supervisors
- **Stockouts**—requires discussion with supervisor
- **Space**—might require reorganization of the facility service area with support from facility in-charge
- **Lack of support from other colleagues**—might require a whole-site orientation for providers
- **Low client demand**—might need whole-site orientation and FWAs to help demand generation or ensuring there is a visible notice to create awareness of the available service

Activity 3: Discussion (5 min.)

Approaches to Follow-up

Explain that while follow-up is important, at times it is not always routinely done due to budget constraints or trainer shortages.

Ask participants what methods for follow-up might be possible in their own workplaces.

Display **Slide 10.4** to discuss some approaches to conducting follow-up.

Activity 4: Discussion (10 min.)

Planning for Follow-up

Ask participants: What are some tasks you will perform to plan for follow-up?

Record responses on flipchart.

Display Slide 10.5 to further discuss planning for follow-up.

Emphasize that follow-up planning should:

- Start during the planning phase for training in order to secure resources for the follow-up after the training.
- Continue during training based on:
  - Participants' accomplishment of practicum objectives
  - Participants' journaling on their key learnings and how they will apply learning on the job
  - Level of comprehension as observed by trainers in small group work, class participation, use of checklists, etc.
  - Pre-/post-test knowledge assessment scores

Explain that when there is no follow-up to ensure competency for participants whose performance is low, this could compromise client safety, quality of services, and effectiveness of FP services. ***These participants should be prioritized for in-person follow-up.***

Explain that the follow-up plan should be shared with the participants and their supervisor in case timing should coincide with monthly meetings.

Activity 5: Small Group Activity (20 min.)

Conducting Follow-up Roleplay

Divide participants into small groups of 3 each (mix technically strong participants with those who still need help acquiring technical skills).

Display Slide 10.6 to give the small group instructions:

Instructions:

- One person will play the trainer who is conducting follow-up; one person will play the provider who is being observed/followed up on; and one person will play the client.
- You will switch roles so everyone has a chance to play the role of trainer conducing follow-up.
- The "trainer" uses the FP clinical skills checklist to observe the "provider" performing a procedure:
  - *Giving injectable contraceptive (Depo) – FWAs*
  - *Counseling for IUD – FWVs*
- The "trainer" completes the follow-up form.
- You have 15 minutes (5 minutes each).

Distribute the relevant FP Clinical Skills Checklists (from the *FP Manual*) and the Follow-up form **Handout 10A.**

Note: *Trainers should circulate and observe participants during the small group work, providing guidance as needed.*

Activity 6: Plenary Discussion (15 min.)

Follow-up Roleplay

After the small group work, lead a discussion based on the following questions:

- When you were playing the "trainer" and providing feedback, what did you find easiest to do and why?
- When you were playing the "trainer" and providing feedback, what did you find difficult and why?
- When you were playing the "provider," were there difficult or uncomfortable moments when the "trainer" was observing you or giving feedback?
- How can planning make follow-up easier and more effective?

Encourage participants to practice conducting follow-up, particularly by using the FP clinical skills checklists and completing the follow-up form with colleagues at their workplace.

Activity 5: Conclusion (5 min.)

Summary and Closing

Ask participants who they could get resources from in order to do onsite follow-up of their future trainees.

Encourage participants to:

- Advocate for resources for follow-up.
- **Use** phones, emails, chat, text, etc. to conduct follow-up and virtually complete the follow-up form to the extent possible.

Display **Slide 10.7** to highlight key messages.

Review session objectives and the extent to which these were met.

Module 10 Handouts

HANDOUT 10A

Sample Follow-up Form

The purpose of this form is to document follow-up, assess application of learning on the job, and identify any difficulties that the trained providers may be experiencing and need problem-solving support to address. Analysis of follow-up on all participants will help the facilitators and supervisors obtain information on:

- Number of providers who applied skills on the job
- Skills applied
- Changes in contraceptive method uptake
- Skills retention by providers over time
- Identification of learning needs for on-the-job training, structured self-directed and peer-supported learning, mentoring, or provision of updates via technology or refresher training workshops.

Name of Person Conducting Follow-up:

Designation:

Provider Name:

Dates of Training:

Health Facility: District:

Write whether this is:
Same facility the provider came from for the training: Yes. No
Transferred and dates of transfer after the training:

Dates and Type of Follow-Up

- Face-to-face onsite:
- Face-to-face during monthly meeting:
- Through mobile technology (specify whether this was done by email, phone, text message, WhatsApp, Messenger etc.):
- Feedback Discussion with Supervisor:

Services Offered in this Facility

✓ for Yes X for No

List of Services	Service offered before training?	Service offered after training?	Provider trained but service not offered?	Reasons for not offering service (e.g., no equipment, no client demanding service, stockout)

FP Procedures Observed (use clinical skills checklist)

FP procedure (write in full—e.g., counseling for voluntary informed choice as per FP Manual)	# of clients served by the trained provider since date of return from training	Comments on observation Satisfactory according to standards - 2 Not satisfactory - 1 Not observed on the day - 0 *Note: not possible for remote follow-up unless supervisor has conducted the skills assessment*

Summary of Observations and Performance:

Performance Issues Identified:

Actions Taken:

Recommendations:

Signatures:

Name of Trainer:

Name of Supervisor:

Name of Provider:

MODULE 11

ToT Closing

INTRODUCTION

This session is the last in the ToT and provides an opportunity to gather feedback on all aspects of the ToT as well as to assess gains in knowledge as a result of training. It also serves to inform participants about how to conduct training evaluation. The module has one session.

TOTAL MODULE TIME

1 h. 30 min.

LEARNING OBJECTIVES

- Identify strengths and areas of improvement based on post-test knowledge assessment.
- Evaluate the training via written feedback.
- Evaluate the training via verbal feedback.
- Officially conclude the training.

TRAINING METHOLODOLOGIES

- Presentation
- Evaluation (post-test and training evaluation)
- Discussion

MATERIALS NEEDED

- Computer and projector
- PowerPoint slides
- Flipchart and markers
- Handouts 11A and 11B
- Copies of this Trainer's Manual for all participants to take home and use as a reference.

ADVANCE PREPARATION

- Review PPT slides.
- Make copies of Handouts 11A and 11B for all participants.
- If possible, mark the post-test while participants are completing the evaluation. Analyze the scores and make a graph or table that shows the change for each participant (without using their names) and/or for the group as a whole.
- Identify and list all questions incorrectly answered and clarify correct answers for the whole group.
- Ensure that the dignitaries officiating at the closing have been invited and prepare an agenda for the closing.
- Prepare certificates (if planning to distribute them).

NOTES TO TRAINER

- Make appropriate plans and arrangements for the closing ceremony (e.g., invite dignitaries, prepare closing speeches, prepare and print certificates, invite participants to share some of their key learnings, and so on).
- Here, 30 minutes have been allocated for the Closing Ceremony, but you may need to adjust the time based on your needs and plans.

SESSION OVERVIEW

ACTIVITY	TIME
Session 11-1: Evaluating the ToT	60 min.
Session 11-2: Official Closing of the Training	30 min.
Total Session Time	**1 h. 30 min.**

Session 11-1: Evaluating the ToT

1 h.

Activity 1: Introduction (2 min.)

Session Topic and Objectives

Display Slide 11.1 to give session topic and objectives.

Activity 2: Individual Written Exercise (35 min.)

Post-test

Distribute **Handout 11A** and administer the post-test.

Mark and **analyze** findings using the answer key (found in the Notes to the Trainer).

Prepare a graph of the results.

List all questions that were answered incorrectly by 50% or more of participants and provide the correct answers. ***Present these in Activity 5.***

Prepare **Slide 11.2** to give feedback. ***Present in Activity 5.***

NOTE: *Questions 12 is related to content presented in the Supplemental Training Module: Integrating Gender in FP Services. If this module is not included in this training, #12 should be omitted.*

Activity 3: Individual Written Exercise (20 min.)

Written ToT Evaluation

Explain that, as discussed during the Monitoring and Evaluation session, this is an opportunity for participants to give feedback on different aspects of the ToT.

Ask for honesty and constructiveness, as this will help trainers to improve future trainings.

Distribute **Handout 11B** and ask participants to evaluation the CBT training.

Activity 4: Discussion (10 min.)

Verbal Feedback on the ToT

Ask participants what they feel worked well and helped them learn effectively.

Ask for areas of improvement (e.g., changes to the venue, ToT agenda/topics, logistics, practicum training).

Record feedback.

Acknowledge responses and assure participants that their feedback will be applied to improve future trainings.

Activity 5: Discussion (10 min.)

Assessing Knowledge Change as a Result of the ToT

Display Slide 11.2 to give feedback on the knowledge assessment results.

Praise improvements.

Discuss and give correct answers for questions not correctly answered.

Provide any resources participants are meant to take home (including copies of this trainer's manual).

Thank participants, co-trainers, and organizers for all their contributions.

Session 11-2: Official Closing of the Training

SESSION TIME

30 m.

This is a placeholder for the official ceremony to close the training, with invited guests and dignitaries, if appropriate. The exact nature and components of this official closing will vary according to the specific context. It is important that trainers and organizers plan in advance to ensure an inclusive and positive conclusion of the training.

HANDOUT 11A

Post-test Assessment Questionnaire

Name:

Venue: **Date:**

Instructions:

- Read each question carefully and circle the correct answers or match the correct answers.
- Some questions have more than one correct answer, circle all correct answers.
- Make sure to write your name, training venue, and today's date.

Time 30 min.

1. Competency-based training methods transfer learning techniques that help participants to:

a) Enhance job satisfaction
b) Develop clinical skills following standard guidelines
c) Enhance knowledge about family planning policies
d) Develop positive attitudes toward family planning
e) Develop competencies to provide family planning services

2. Clinical checklists are used:

a) To assess skill levels of providers prior to training
b) In demonstration and return demonstration during training
c) During self-assessment of providers providing clinical services
d) During evaluation of providers

3. The factors that are important in helping staff to do their jobs correctly are:

a) Clear job expectations
b) Supportive working environment (equipment and supplies)
c) Motivation and incentives to do the job correctly
d) Criticizing, being harsh, and punishing them when giving feedback about incorrect performance
e) The knowledge and skills to do the job correctly

1. Match the training method with its description/purpose:

Method	Description and purpose
a) Lecture	1. Allows participants to generate a wide variety of ideas, thoughts, or possible solutions related to a specific topic or problem, without judgment
b) Roleplay	2. Provides learners with an opportunity to think through the application of their new skills and knowledge in real life situations.
c) Case study	3. Helps participants to learn new information by listening to new information
d) Demonstration and return demonstration	4. Engages participants in dialogue to promote learning from each other and to foster teamwork
e) Brainstorming	5. Allows participants to learn by observing a process and then performing it themselves
f) Small Group Discussion	6. Allows participants to illustrate a real-life situation in the classroom by acting. Participants gain a better understanding of what it would feel like to be in that situation and simulate application of skills.

5. The training methodology that requires trainees to use decision-making skills is:

a) Group discussion
b) Roleplay
c) Brainstorming
d) Case study

6. Learning objectives of a training should be based on:

a) Materials available
b) Trainers' level
c) Learning needs of trainees
d) Trainers' expectations

7. Clinical training sites should be selected based on the following criteria:

a) Fancy and modern equipment is available.
b) Staff are trained to give support to the trainees.
c) It is very close to the participants' dormitory.
d) The use of protocols reflects the knowledge and skills covered in the training.

8. Reasons for follow-up of trainees are to:

a) Determine whether the trainee is doing the job they were trained for.
b) Ensure the trainee is correctly performing new skills.
c) Ensure the clinic environment continues to support the use of the trainee's new skill.
d) Help the trainees solve problems that might have occurred since completion of training.
e) Obtain feedback from the trainee on the training.

9. Which of the following statements about adult learning are true?

a) Adults learn better when training builds on their knowledge and experience and is related to their work.
b) Adults learn better when they sit and listen to new knowledge.
c) Adults learn better when they participate actively in learning sessions.
d) Adults learn better when the trainer is respectful, they feel valued, and their ideas are acknowledged.
e) Adults learn better when they are expected to practice only when they go back to their workplaces.

10. Which of the following statements about communication are true?

a) Effective communication involves asking questions, listening carefully, trying to understand a trainee's concerns or needs, demonstrating a caring attitude, and helping to solve problems.
b) Effective communication means that the correct message goes from the sender to the receiver successfully, in the way the sender intended.
c) Effective communication is all about providing information or giving advice and instructions.

11. Which of the following statements about feedback are true?

a) Effective feedback should address what a person did, not interpretation of the reasons why s/he did it.
b) Effective feedback should describe what you observed and be specific. State facts, not opinions, interpretations, or judgments.
c) Effective feedback should be given after receiving permission from the person or after letting them know that they are getting feedback.
d) Effective feedback should be based on judging what is right or wrong, criticizing, and telling the person never to repeat it again.
e) Effective feedback can be given a long time after the incident, as long as you took the notes of what was done.

12. Match the gender concepts with the correct meanings:

Concept	Meaning
a. Gender Awareness	1. Refers to the exercise of equal responsibilities and equally accessing opportunities, benefits, and existing resources, irrespective of sex, age, and power status.
b. Gender Equality	2. An awareness of the differences in roles, responsibilities, and relationships between women and men ascribed by society.
c. Gender Equity	3. Awareness of gender differences and taking initiative to bring change through actions, policies, and programs contributing to eliminate gender inequalities
d. Gender Sensitive	4. It is the process of being fair to both sexes

HANDOUT 11B

Training Evaluation

Instructions: Rate each of the following statements as to whether or not you agree with them, using the following key:

1 Strongly disagree
2 Somewhat disagree
3 Neither agree nor disagree
4 Somewhat agree
5 Strongly agree

Overview

• The objectives of the training were clearly defined.	1 2 3 4 5
• The training was useful to me.	1 2 3 4 5
• The trainer(s) understood the material being presented.	1 2 3 4 5
• The time spent on this training was sufficient.	1 2 3 4 5
• Time for discussion and questions was sufficient.	1 2 3 4 5
• The material in this training has provided me with sufficient information to ensure the safety and effectiveness of FP methods.	1 2 3 4 5
• The training has offered me the skills to provide FP services, including counseling, appropriate client screening and selection, and management and follow-up of clients.	1 2 3 4 5
• The pre-/post-test accurately assessed my course learning.	1 2 3 4 5

Meeting Conditions/Locations

• The training was held on a convenient day and time.	1 2 3 4 5
• Necessary supplies were available.	1 2 3 4 5

Training Methods and Materials

• The trainer presentations were clear and organized.	1 2 3 4 5
• I learned practical skills in the roleplays and case studies.	1 2 3 4 5
• Class discussions were helpful.	1 2 3 4 5
• The trainer(s) encouraged my questions and input.	1 2 3 4 5

Training Length

The length of the training was (circle your answer): Too long Too short Just right

What topics in this training do you think will be most useful to you in your work?

_____

_____

_____

_____

_____

On which topics would you have liked more information or preferred to spend more time?

_____

_____

_____

_____

_____

What was the least useful aspect of this training?

_____

_____

_____

_____

_____

On which topics would you have liked less information or preferred to spend less time?

_____

_____

_____

_____

_____

Suggestions

What suggestions do you have to improve the training? Please feel free to refer to points above.

_____

_____

_____

_____

_____

_____

_____

Annexes

ANNEX I

List of Participants in Workshop to Develop Competency-Based Training: Trainer's Manual

#	Name*	Designation
1	Mr. Susanta Kumar Saha	Director General & Additional Secretary, NIPORT
2	Md. Matiar Rahman	Director, Training & Additional Secretary, NIPORT
3	Dr. Md. Moinuddin Ahmed	Line Director, CCSDP, DGFP
4	Mr. Abdul Hamid Moral	Deputy Director, Training, NIPORT
5	Dr. Md. Moshair - Ul- Islam	Program Manager, Maternal Health, MNC&AH, DGHS
6	Md. Mahfuzur Rahman	Assistant Director, Training, NIPORT
7	Dr. Md. Saiful Islam	Assistant Director, Clinical Training, NIPORT
8	Mr. Biswajit Baishya	Assistant Director, Training, NIPORT
9	Mr. Narayan Kumar Roy	Curriculum Specialist, NIPORT
10	Dr. Hari Chand Shill	Principal, RPTI, Faridpur
11	Mr. Amdadul Hoque Khan	Principal, RPTI, Sylhet
12	Md. Obeydur Rahman Sarder	Principal, RPTI, Rangamati
13	Dr. Nurun Nahar Begum	Deputy Director & Program Manager (QA), DGFP
14	Dr. Md. Rafiqul Islam Talukder	Assistant Director & Deputy Program Manager (QA), DGFP
15	Dr. Helena Jabeen	Sr. Consultant, MFSTC, DGFP
16	Dr. Zebunnessa Hossain	Principal. FWVTI, Dhaka, DGFP
17	Dr. Md. Sanowar Hossain Khan	Assistant Director Clinical Contraceptive/FPCS-QIT, Faridpur
18	A.K.M Salim Bhuiyan	Assistant Director Family Planning, Sylhet
19	Md. Ali Amzad Doptori	Upazila Family Planning Officer, Muktagacha, Mymensingh
20	Dr. Noor Riffat Ara	Deputy Program Manager, MNC & AH, DGHS
21	Dr. Zhumana Ashrafi Sweety	Medical Officer, Civil Surgeon Office, Dhaka
22	Mr. Narayan Kumar Roy	Curriculum Specialist
23	Stembile Mugore	Senior Advisor, Health Sector Performance and Sustainability, IntraHealth International
24	Dr. Mahbubur Rashid	Senior Technical Advisor, Capacity Building and HRH Shukhi Jibon
25	Dr. Murshida Rahman	Manager, Capacity Building and HRH, Shukhi Jibon
26	Rayan Sharif	Manager, MIS, Shukhi Jibon
27	Marufa Aziz Khan	Knowledge Management and Learning, Manager, Shukhi Jibon
28	Raju Das	Training Capacity Building Officer, Shukhi Jibon
29	Mizanur Rahman	Training Capacity Building Officer, Shukhi Jibon
30	Md. Abul Quiyume	Training Capacity Building Officer, Shukhi Jibon
31	Haran Sarker	Training Capacity Building Officer, Shukhi Jibon

**not listed according to seniority*

ANNEX II

Notice of Forming Technical Committee for Trainer's Manual on Competency-Based Training

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়
স্বাস্থ্য শিক্ষা ও পরিবার কল্যাণ বিভাগ
জাতীয় জনসংখ্যা গবেষণা ও প্রশিক্ষণ ইনস্টিটিউট (নিপোর্ট)
১৩/১ শেখ সাহেব বাজার, আজিমপুর, ঢাকা।

স্মারক নং- ৫৯.১২.০০০০.০০২.২৪.০১০.১৯-৬৩৮ তারিখ: ০৫/১২/২০১৯ খ্রি.

বিষয়: Accelerating Universal Access to Family Planning (AUAFP)/Shukhi Jibon Project এর আওতায় Competency Based Training (CBT) & Adult Learning Methodology বিষয়ে TOT Manual এবং In-service Training Standards and Guidelines প্রণয়নের লক্ষ্যে Technical Committee (TC) গঠন প্রসংগে।

উপরোক্ত বিষয়ের আলোকে জানানো যাচ্ছে যে, USAID-এর আর্থিক সহায়তায় Accelerating Universal Access to Family Planning (AUAFP) বা সুখী জীবন শীর্ষক প্রকল্পের আওতায় Competency Based Training (CBT) & Adult Learning Methodology বিষয়ে TOT Manual এবং In-service Training Standards and Guidelines প্রণয়নের লক্ষ্যে নিম্নোক্তভাবে একটি Technical Committee (TC) গঠন করা হয়েছে। TOT Manual এবং IST Standards and Guidelines প্রণয়নের কাজকে সঠিকভাবে সম্পন্ন করার নিমিত্তে প্রয়োজনীয় দিক-নির্দেশনা/পরামর্শ প্রদান করা উক্ত কমিটির দায়িত্ব।

ক্রমিক	নাম/পদবি ও অফিস	পদমর্যাদা
১.	মহাপরিচালক, নিপোর্ট	সভাপতি
২.	পরিচালক (প্রশিক্ষণ), নিপোর্ট	সদস্য
৩.	কারিকুলাম বিশেষজ্ঞ, নিপোর্ট	সদস্য
৪.	প্রতিনিধি, ক্লিনিক্যাল সার্ভিস ডেলিভিরী ডেভেলপমেন্ট প্রোগ্রাম, পারিবার পরিকল্পনা অধিদপ্তর	সদস্য
৫.	প্রতিনিধি, পারিবার পরিকল্পনা ফিল্ড সার্ভিস ডেলিভিরী প্রোগ্রাম, পারিবার পরিকল্পনা অধিদপ্তর	সদস্য
৬.	প্রতিনিধি, এমএনসিএন্ডএএইচ, স্বাস্থ্য অধিদপ্তর	সদস্য
৭.	মোহা. মাহফুজুর রহমান, সহকারী পরিচালক (প্রশিক্ষণ), নিপোর্ট	সদস্য
৮.	বিশ্বজিৎ বৈশ্য, সহকারী পরিচালক (প্রশিক্ষণ), নিপোর্ট	সদস্য
৯.	সৈয়দা উম্মে কাউছার ফেরদৌসী, সহকারী পরিচালক (প্রশিক্ষণ), নিপোর্ট	সদস্য
১০.	ডা, মো. সাইফুল ইসলাম, সহকারী পরিচালক (ক্লিনিক্যাল প্রশিক্ষণ), নিপোর্ট	সদস্য
১১.	Ms. Caroline Crosbie, Project Director, Shukhi Jibon Project	সদস্য
১২.	ডা. মাহবুবুর রশীদ, সিনিয়র টেকনিক্যাল এ্যাডভাইজার, সুখী জীবন প্রকল্প	সদস্য
১৩.	উপপরিচালক (প্রশিক্ষণ), নিপোর্ট	সদস্য সচিব

মহাপরিচালক মহোদয়ের অনুমোদনক্রমে।

০৫/১২/২০১৯
(আব্দুল হামিদ মোড়ল)
উপপরিচালক (প্রশিক্ষণ)
ফোন: ৫৮৬১৪৫৩৯
ই-মেইল: moralheu@yahoo.co.uk

বিতরণ (জ্যেষ্ঠতার ক্রমানুসারে নয়):

১. মহাপরিচালক, পারিবার পরিকল্পনা অধিদপ্তর (সিসিএসডিপি ও এফএসডি থেকে ০১ জন করে উপযুক্ত প্রতিনিধি মনোনয়ন করার অনুরোধসহ)।
২. পরিচালক (প্রশিক্ষণ), নিপোর্ট।
৩. লাইন ডাইরেক্টর, এমএনসিএন্ডএএইচ, স্বাস্থ্য অধিদপ্তর (০১ জন উপযুক্ত প্রতিনিধি মনোনয়ন করার অনুরোধসহ)।
৪. কারিকুলাম বিশেষজ্ঞ, নিপোর্ট।
৫. সহকারী পরিচালক (প্রশিক্ষণ)/(ক্লিনিক্যাল প্রশিক্ষণ), নিপোর্ট (সকল)।
৬. ডা. মাহবুবুর রশীদ, সিনিয়র টেকনিক্যাল এ্যাডভাইজার, সুখী জীবন প্রকল্প।

অনুলিপি সদয় অবগতির জন্যে:

১. মহাপরিচালকের ব্যক্তিগত সহকারী, নিপোর্ট (মহাপরিচালক মহোদয়ের সদয় জ্ঞাতার্থে)।
২. Ms. Caroline Crosbie, Project Director, AUAFP (Shukhi Jibon) Project।

Shukhi Jibon