

Exploring the training process

Training is a means of communicating new knowledge and skills and changing attitudes. It can raise awareness and provide people with the opportunity to explore their existing knowledge and skills. There are many different kinds of training for many different audiences, including service providers and service users.

This newsletter concentrates on planning, preparing, delivering and reviewing training sessions designed for employees like health workers.



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Exploring the training process

Sian Long/Healthlink Worldwide



Training increases confidence and can change people's attitudes

Why is training important?

As well as giving people new skills and knowledge, and maintaining existing skills, training can:

- increase people's confidence
- confirm to people the value of what they are already doing
- enable people to pass on new skills to colleagues in the workplace
- raise general awareness
- change people's attitudes
- improve morale.

Training can play an important role in improving health workers' effectiveness. Whether training is part of an ongoing process of professional development or simply about learning a specific skill, it can improve people's skills and knowledge and help them carry out their job more effectively.

What is training?

One definition of training is 'the process of bringing a person to an agreed standard of skill by practice and instruction'. Another definition is 'a trainer and participant working together to transfer information from the trainer to the participant, to develop the participant's knowledge, attitudes or skills so they can perform work tasks better'. Taken together these definitions say two things:

1. Training is directed towards agreed standards or objectives. These are sometimes called learning outcomes — what you want people to learn from training.
2. The person being trained participates with the trainer in the training activity, rather than simply receiving instruction.

Training usually involves participation. This means that a person being trained has an active role in the training process, rather than a passive role. Also it often takes place in the workplace or community where the skills and knowledge being communicated will be used.

Sian Long/Healthlink Worldwide



Visual aids help people understand and remember

What is learning?

Teaching and training are about communicating information and facilitating learning. Learning is what people do when they receive that information. But learning is more than collecting information — it must also involve a permanent change in behaviour, attitude or understanding. For example, health workers have only truly learned about a new drug if they fully understand when and how the drug should be used, not just if they have learned the name of the drug.

The article on page 3 looks at identifying training needs. For training to be useful in the workplace the planned objectives must meet the needs of the participants. This stage is the basis of setting up successful training.

We then look at different aspects of running a training session, including thinking about the environment, using visual aids, adapting existing training materials, deciding who should attend training and involving participants.

The last article looks at evaluation and monitoring. This can help trainers assess whether training was successful in achieving its objective and what impact training has had on the work effectiveness of trainees. It can also help to identify what further training and support people may need.

Assessing training needs

How to assess training needs

Training is a means of communicating new knowledge and skills and changing attitudes. It can raise awareness and provide people with the opportunity to explore their existing knowledge and skills. But, to be effective, training should be based on the needs of the people who are being trained (the participants). Training needs should be identified by both participants and their managers. Training should not only meet the needs of people being trained, but should meet the needs of the organisation or project they are working for, and contribute to better services or standards for service users.

A training need is the gap between what somebody already knows, and what they need to know to do their job or fulfill their role effectively. By identifying training needs trainers can decide what the objectives of the planned training should be. The first step in identifying training needs is to assess the current level of knowledge and skills of the participants. The second step is to clarify what skills, knowledge and attitudes people need to do their jobs or tasks.

An assessment of training needs can be done in a number of ways:

- **Questionnaires** Questions need to be clear, specific and simple. Avoid closed questions (i.e. those having a yes or no answer) as these identify what people think they know rather than what they actually know. Questions should be geared towards finding out whether people have the skills and knowledge you think they need to do their jobs effectively.
- **Group discussions with participants** These enable health workers to share comments and observations about what is happening in their workplaces and what skills they feel they may need.
- **Individual discussions with participants** These give people the

chance to talk in confidence about difficulties they are having and things they need to learn.

- **Self-assessment** This involves asking health workers to list the things they think they are good at and what subjects they think they need training on.
- **Discussions with managers, service users and others** Trainers can gather views on training needs from those who come into contact with the person to be trained.
- **Observing participants while they are working** These methods help trainers to assess what people already know and what knowledge and skills they may need to acquire to work effectively. It is best to gather as much information as possible, using as many different methods as possible. However, you must decide how much information it is realistically possible to gather within the limits of available time and financial resources. This may mean only being able to carry out one or two of the above.

The trainer needs to decide what can realistically be covered during a training session. Trainers should aim to ensure that training objectives (what they want people to learn from the training session or programme) are very clear. Trainers can then plan training so that it addresses only those objectives.

Objectives checklist

- Make sure your objectives can be achieved.
- Agree key objectives with trainees and their managers.
- Design training so that activities meet the objectives.
- Objectives should describe what participants will be able to do after training, e.g. by the end of training participants will be able to... or participants will know how to...
- Give participants the opportunity to practise new skills.
- Make sure training is relevant to participants' work.
- Encourage participants to be responsible for their own learning.

Training is an ongoing process. Participants need support and encouragement to use their new knowledge and skills in their work. Ideally, training programmes should give participants the opportunity to give feedback on the training they have received and problems encountered in applying it in their everyday work (see page 10).

*With thanks to Aubrey Maasdorp
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Ricardo Wray/JHU/CCP



Group discussions help identify training needs and objectives



Learning as much as possible about the participants helps trainers set relevant objectives

Training community volunteers

The Community Integrated Rehabilitation of the Blind Project in Hohoe district, Ghana works with people who are irreversibly blind. The project offers counselling and guidance services, needs assessment, training in vocational skills and small business management, and advocacy and empowerment programmes. Unit Rehabilitation Committees manage the project at community level and recruit volunteers who:

- are between 21 and 50 years old
- live locally and speak the local language
- have a good character, pleasant disposition, are honest and participate in community work
- are literate or able to read and write in English
- are either employed (e.g. as a teacher, agricultural worker, health worker) or have a reliable source of livelihood (e.g. farmer, craftworker).

Committees distribute volunteer application forms at churches and public gatherings. Candidates complete the form, which asks about their case history, hobbies, special interests and the time they have available for the project each week.

Newly recruited volunteers attend a three-week training course. Later on, they also attend a one-week refresher course which is held each year.

For further information, contact David Botwey dabotwey@ssiwa.africaonline.com.gh

that they learnt in life rather than in school. People do not always need to be able to read and write to be included in training. Written words can often be replaced by pictures, symbols, role plays or songs.

Deciding who to train

The success of a training session depends partly on choosing the most appropriate participants. Here we look at reasons for selecting participants and how to do it.

Planning the content of training and deciding who should be trained are linked activities. It is important to be clear about training objectives and to ensure that the objectives are relevant to participants. Once you have identified participants it is important to adapt the training plan to suit their needs.

The following will help you decide who should attend your training:

- Who will participants work with when they have finished training? For example, if the training is about antenatal care it may be more appropriate to train female health workers in areas where female modesty is important. If the training is about sex education it may be better to train a range of people who can then work with their own peer groups.
- Do participants need to have certain skills or knowledge? Some training courses may require participants to have background knowledge. For example, if the training is about treating opportunistic infections in people with HIV/AIDS, then participants need to have some knowledge of HIV/AIDS.
- Will training be relevant to participants' jobs? For example, if the training is about setting up a programme for treating tuberculosis, the most suitable participants are

district health managers, rather than community health workers. Participants learn best when they can see clearly how the training can be used in their lives or work.

- Do participants have the support of colleagues and managers? For training to be used in the workplace, participants need to have the support of managers and colleagues so that they can use skills and knowledge when they return to work.
- Is it possible to train two people from the same area? This means that when training has ended and participants have returned to work they can provide each other with support.
- Do participants need to be able to speak certain languages?
- Do participants need to have certain qualities? For example, are they friendly and approachable? Are they willing to pass on the skills they learn to others?
- Are the participants motivated and do they want to do the training? Ensure participants attend training for the right reasons, rather than for 'time off'. Some training courses require a certain level of education or literacy, e.g. finished primary or secondary school, but this may exclude many people who have useful skills and knowledge

Challenges for the trainer

Trainers need specific skills in order to run a successful training session.

There are many theories on how to conduct training successfully, but it is often 'easier said than done'. It is crucial that training theory is adapted to practical situations and trainers need the skills to be able to do this.

Skills

Developing a rapport

A trainer who builds a good relationship with participants is more likely to succeed in engaging and communicating well with participants.

Practical ways to build a good relationship with participants include:

- knowing them by their first name
- knowing their strengths and weaknesses
- spending informal time with them during the course.

A trainer should be able to relate to many types of people and be able to encourage them to contribute. A trainer who develops a good rapport with participants is in a better position to encourage them to take responsibility for their own learning.

Cultural sensitivity

Trainers need to be aware of what views and approaches are acceptable in different cultures and how to adapt training to reflect these views. For example, in some communities women do not stand to voice views in front of men, and if they do speak in front of men they do not face them. Training could be adapted by

sitting participants in small circles, containing either men or women, and for everyone (including the trainer) to remain seated while speaking.

Perception

Good trainers perceive participants' verbal and non-verbal messages.

During training, it is useful to check that trainers and participants are communicating well and that participants understand the purpose and content of the training course.

Challenges

Meeting expectations

Training usually has an agenda with specific learning outcomes. However, even if objectives and outcomes have been communicated well in advance, some participants may have different expectations. Before training starts, ask participants about their expectations and try to ensure that these are addressed. If expectations cannot be addressed, explain why. Some expectations may go beyond your ability as a trainer; do not hesitate to state your limits.

Group dynamics

Group dynamics (how people in the group relate to each other) are a key challenge. In all groups, the levels of skill, competency and responsibility will vary and this is often reflected in people's enthusiasm and level of participation. A trainer needs to

Dealing with dominating participants

There are several ways to deal with people who dominate discussions and activities:

- At the start, set ground rules that allow quieter members to contribute. For example, ask people to contribute only one idea at a time and then wait until three other people have contributed their ideas before speaking again.
- Address questions to quieter members of the group.
- Engage dominant people in activities that make it clear that you value their contribution, but which keep them quiet. For example, asking them to write up notes of discussions on flip charts.
- Ask each member of the group in turn for their views on a subject.

acknowledge these differences and ensure that everyone is involved.

Physical environment

Trainers need to consider the physical environment. Should learning take place in a classroom or outside? How should seating be arranged? In a large circle or several small circles? Do you have the materials you need for practical activities? Are there enough materials for all participants?

Time available

Mornings are a good time for learning theory, whereas afternoons and evenings — when people are often tired and find it harder to concentrate — are good for group work, practical activities or site visits. It is also important to build in time for breaks and meals and be aware of any cultural needs (such as a break for prayers). If the course is residential, remember to include time for social activities, so participants can relax.

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Trainers can encourage everyone to participate by asking each member of the group for their views

Choosing training methods

People learn better when training includes a variety of training methods.



Role plays are a practical way to demonstrate and practise skills

A trainer's primary role is to help participants learn. A good trainer encourages participants to discover things and learn for themselves. Three things can help to stimulate participants' curiosity:

1. Involving people as active participants in the learning process, rather than passive recipients of information.
2. Ensuring the training is relevant to the participants' day-to-day work.
3. Using a variety of media and methods.

When planning training, always focus on the training objectives or learning outcomes — these are what you want people to learn — and the needs of the participants.

When considering what training methods to use, consider which method is best suited to what you are trying to communicate. For example, when training people to give mouth-to-mouth resuscitation is it best to use pictures, a lecture, handouts or a demonstration using a model?

The training methods you choose should also reflect the needs and abilities of the participants. For example, there is no point in giving people lots of handouts if they have difficulty reading.

Talks and lectures

Talks and lectures given by a trainer help the trainer to pass on information in a pre-planned and organised manner. However, they can become boring for participants unless they are kept short and are well delivered. When preparing a talk or lecture:

- break down what you want to say into a number of points
- keep it short

- illustrate your talk with visual aids
- write down your talk or use prompt cards — don't make it up on the spot.

Discussions

To be useful, a discussion has to involve participants. To ensure that this happens, trainers and participants must agree 'ground rules' for the discussion. The best way to do this is to ask the group what they think the ground rules should be, then write them on a large piece of paper where everyone can see them. The trainer and participants can then remind people of the ground rules if they are broken during the discussion. Ground rules may include statements like:

- respect opinions
- only one person to talk at a time
- keep to the subject
- no shouting
- everyone to contribute.

Discussions are more successful if they have a purpose and a focus. Discussions that are too general often result in people going off the subject.

To focus a discussion, start it by using a visual aid, a video or some other training materials. Then ask questions like: *What is happening in the picture/video? Why is this happening? Have you experienced things like this in your work?*

Discussions are useful because they enable participants to:

- learn from each other
- ask questions about things they do not understand
- ask questions about things they are most interested in.

The trainer's role is to encourage others to talk: a good trainer only

talks a little and directs the discussions of participants. It is useful to note key points during the discussion and to summarise the main outcomes of a discussion at the end of the session.

Practical activities

Practical activities may include a trainer showing participants how to do something, participants performing tasks while the trainer observes them, or site visits to see new equipment or facilities.

Practical activities can help participants to relate training to their jobs. Practical activities can be used after a theory session, so people can put the theory they have learned into practice.

The disadvantages of site visits are that the workplace can often be noisy and full of distractions or people working there may be too busy to talk with participants, which can prevent participants from learning. Also, such visits can be time-consuming and costly.

Role play

Role play is when participants or trainers act out real life situations. Demonstrate Role play can be used to demonstrate skills. Trainers can do this by taking part in the role play themselves, or by pointing out what participants do right and wrong in the role play.

Practise Role play can give people the chance to practise skills they have learned in training.

Stimulate discussion Role play can stimulate discussion and raise awareness.

Evaluate Trainers can evaluate participants' skills by observing how they do things in a role play by providing feedback to participants on their performance.

For example, if you are training people about HIV/AIDS you might like to do a role play about counselling people before they take an HIV test. You could do this by asking people to play the roles of a health worker and someone who has come for an HIV test. Before presenting the role play to the whole group, participants should discuss their roles with each other: What will the health worker want to discuss with the person? What sort of questions will the person having the test have for the health worker? After the role play has been presented, the whole group can discuss the issues that have been raised.

Sample timetable of a training day

This sample timetable is designed to show the importance of mixing different training methods and having regular breaks. When planning your training timetable try to consider the local environment. For example, what is the climate? If the weather is hot, is it better to plan a longer break during the middle of the day, or to arrange for training to take place in the evening?

TIME	ACTIVITY
9.30am	Arrive – refreshments
9.45–10.00am	Introduction – Trainer explains the purpose of the day, what will happen and what it will achieve
10.00–10.15am	Introductory exercise – Participants get to know each other
10.15–11.15am	Talk with visual aids, followed by discussions and handouts
11.15–11.30am	Break – refreshments
11.30–12.30pm	Problem-solving exercise in small groups
12.30–1.00pm	Whole group discussion about the problem-solving exercise
1.00–2.00pm	Lunch
2.00–3.30pm	Site visit, involving practical demonstration, watching short instructional video, and chance to use new equipment in the workplace
3.30–3.45pm	Break – refreshments
3.45–4.30pm	Small group exercise to think of how new skills can be applied at work
4.30–4.45pm	Talk by trainer summarising the day, with comments from participants

Training Traditional Birth Attendants (TBAs) in Uganda

The African Medical and Research Foundation (AMREF) has trained over 1,650 traditional birth attendants (TBAs) in Africa. AMREF's training course aims to promote safer practices and discourage dangerous ones.

Most TBAs have had no formal training, but usually learned from a relative how to assist women during childbirth. TBAs play an important role in the delivery of community health services, as many people do not have access to modern health services. Local communities usually respect, trust and have confidence in TBAs.

Local communities identify TBAs to be trained, and trainers check that they are genuine. TBAs then fill in a questionnaire to assess their present knowledge, practices and attitudes.

Course content

AMREF adapts training manuals developed by the Uganda Community Based Health Care Association (UCBHCA), to meet local needs.

Training covers:

- community organisation
- antenatal care
- conducting safe home deliveries
- care of mother and newborn baby for the first weeks after birth.

The training lasts 24 days, spread over several months. The course is then continued through support supervision. Supervisory checklists identify gaps in knowledge, practices and attitudes.

Training methods

Many TBAs are non-literate, so participatory methods are used to facilitate learning, such as:

Demonstrations Practical work at a maternity unit, including:

- history taking
- breast examination
- abdominal palpitation
- delivery
- assessing health of new born
- giving advice and information to mothers.

Group discussions

Role play

Evaluation During the course, the impact of training is measured using:

- pre- and post-test interviews between participants and trainers
- quick questions and answers after a learning session
- listening to group discussions
- observing TBAs performing tasks at the maternity clinic.



Source 'Helpin health workers learn'

After the course has been completed impact is measured by:

- contact during home visits
- supervision
- observations
- looking at records
- checklists
- discussions.

Indicators used are:

- numbers of referrals and their nature
- retention of knowledge and skill
- change of attitudes
- attendance at monthly meetings and clinics
- maintenance of delivery equipment
- quality and maintenance of records
- the reaction of mothers.

For more details contact: AMREF Uganda, PO Box 10663, Kampala, Uganda
E-mail: info@amrefug.org

Using training materials

Adapting training materials

Training materials are usually designed for a well-defined audience or assumed use. These assumptions can include the age, sex or group profile of the participants or the objective for which the material has been defined. So materials may need to be adapted to suit particular participants or objectives.

Materials make assumptions about the trainer, including their ability to be creative and adapt the materials, to set an appropriate timetable for training, and to think of appropriate methods and questions. They also assume that the trainer knows about their subject matter.

To use training materials effectively, trainers should view using the materials as a means to an end and not the end itself. Training materials are one tool at the trainer's disposal, but in themselves they do not constitute a training session.

Before using any training material, trainers should ask themselves three questions:

1. Is using the material the best way to help participants understand the facts and so help me achieve my objective?
2. How much time does it need?
3. What adaptations do I need to make to the material to help it fit my objective?

Try to test the material before using it in training. This means discussing it with people you will be training, or

their managers, to see if it is relevant and likely to meet their needs.

Training that includes practical activities can be very successful. Most people learn more when they are doing than when they are listening. Selection of training materials and methods is very important. When choosing training activities, trainers should consider the needs of participants (e.g. are they literate, do they have traditions of story-telling or street theatre) and resources available.

Trainers should also consider the practical aspects of using different types of training materials. For example, if you plan to use videos in a training session make sure there is electricity and a television available. Similarly, if you plan to use a CD-ROM or the Internet make sure you have access to a computer. In many areas low-cost training aids are the best option.

Training manuals and books
Training manuals and books are usually the main source of information for trainers. They can help trainers to get access to the expertise and knowledge of other people. They are useful for participants because they can be referred to after the training course. However, it is often too expensive to give each participant a training manual to take away. Trainers should bear in mind that manuals may need to be adapted to meet local needs.

While many manuals and activity

plans include suggestions that they should be adapted to 'meet local needs', this requires special skills and is very time consuming. Trainers themselves may need training in this area before they can adapt materials effectively. When adapting materials remember the level of information that your participants need and will understand. Do not give them too little or too much information.

Try to use training materials that:

- look attractive
- are easy to use
- are simple, readable and understandable
- have illustrations that are clear and appropriate.

Visual aids

Pictures, such as drawings, photographs, pictures cut out of books or magazines or other visual aids can help people to remember things. They can also be used to start discussions. Visual aids may be pictures, but they can also be real objects. Never use a picture if you can use the real thing. For example, do not show a picture of a condom if you can show a real condom. Visual aids can also be models. Other types of visual aids include:

- Wallcharts Pictures, diagrams or graphs that are put on a wall. They can include more information than posters because the trainer is there to explain them.
- Flashcards A series of cards, with words or pictures, which are shown to a group to stimulate discussion.
- Flip charts Large sheets of paper with key points that can be used to stimulate discussion.
- Slides or overheads Shown using a projector.

When choosing visual aids remember to take into account local, social, cultural and religious beliefs and practices. Also, choose visual aids relevant to the topic of the training session, the experience of the participants and the size of the group.

Sometimes it is best to use visual aids that are specifically designed for teaching. However, sometimes people learn more when they create their own visual aids.



Training materials can be adapted to suit the participants

Source: 'Helping health workers learn'



Visual aids and role play can help people to learn. These pictures show a 'birth box' model and student health workers acting out a birth

Videos

Videos are useful for holding the attention of participants and generating discussion. Used on their own they are not effective as a method of teaching, but they can be used with other methods. They are also useful for introducing a subject. Before showing a video explain what it is about, and discuss it with participants afterwards. Videos often come with facilitator guides that contain background information, questions to use in a training session and suggestions for activities.

There are practical considerations when showing a video: a video shown on a small screen is not suitable for a group of more than 20 people and films need to be shown in a darkened area.

CD-ROMs

CD-ROMs (compact disc read-only memory) can be a useful training tool if you have access to computers. CD-ROMs can hold up to 360,000 printed pages of text and are a popular way of storing large collections of information such as databases and encyclopaedias. Some CD-ROMs include audio and interactive material, and question and answer sessions that can help to assess how much people have learned. Remember if you have 10 participants and only one computer, not all participants will be able to see the screen if the computer is used in a group activity. Instead, if possible, let participants take turns to use the computer during breaks or after training finishes for the day.

Handouts

There are many types of handout. They can be a brief written summary of points made during training or further background information on a subject (this may be a photocopied page from a book). These types of handout are usually given out after talks. Others, such as those explaining an activity or practical task, are given out at the beginning of a training session. Handouts can usefully include diagrams. Tips for using summary handouts:

- Tell people that you will give them a handout at the end of the talk, so they listen to you rather than spend time trying to write notes.
- Try to give them out after a talk, rather than before, or people might spend time reading the handouts rather than concentrating on what you are saying.
- Handouts should only be used in conjunction with other training methods (i.e. a talk).
- Think of summary handouts as reminders. Keep them short and simple.

FACT training courses

Family Aids Caring Trust (FACT) is a Christian-based organisation working with communities in Zimbabwe to provide HIV prevention programmes. FACT focuses on training and capacity building with other HIV/AIDS programmes and provides training at local, national and international levels.

FACT's experience of formal training is that workshops have limited success, so it has designed its own training programmes following these principles:

- **Piloting and evaluation** Initially the content of training courses is developed using participatory methods and then modified using the results of end of course evaluations.
 - **Learning by seeing and doing** Presentations are kept to a minimum. Structured field visits mean participants meet community, programme and NGO members and volunteers. Participants conduct mapping exercises, analyse strengths and weaknesses and draw out best practice principles.
 - **Modular structure** Course manuals are developed as reference materials for participants: areas covered include community care, youth programmes, peer education, orphan support, participatory monitoring and evaluation, and organisational development.
 - **Careful selection of trainees** Experience gained over the years has led to recognition of who will benefit most from training. For example, if the aim of training is organisational development, then participants must be sufficiently senior within their organisations to effect change.
 - **Follow-up and support** The likelihood of training being translated into practice is increased by maintaining contact with participants. This can be implemented through follow-up short courses and network formation, including support visits, newsletters and communications.
- For more information on FACT training courses contact: David Musendo, FACT, Box 970, Mutare, Zimbabwe Telephone: + 263 20 61648. E-mail: dmusendo@fact.org.zw

Evaluation, follow-up and support

Using evaluation can help trainers to improve existing training courses and plan future training. Follow-up and support can help to ensure participants use the skills they have learnt in their everyday work.

Evaluating training

Evaluation is crucial for providing further information about future training. If your training has been well received and has resulted in positive changes in how people do their jobs, then it has clearly been a success and is worth repeating. On the other hand, if participants say they did not like the training and it has no effect on how they do their jobs, then the training needs to be changed. Sometimes evaluating training also might result in further new training needs being identified.

Here are some questions to ask when evaluating training:

- Did you (the trainer) think the training went well?
- Did participants enjoy the training?



JHU/CCP

The trainer can use feedback from participants to make training courses relevant and enjoyable

- Did participants learn from the training?
- Has training changed how participants do their jobs?

The evaluation methods we look at in this article are ways of asking some of these questions.

Evaluation can take place during a course, e.g. at the end of a session or at the end of a course. Participants can feed back their opinions by

filling in questionnaires or having a short discussion about what they have learnt. Trainers can use these to assess whether learning objectives have been met. One way of evaluating training courses is by using a questionnaire at the end of the course, which gives participants the chance to give immediate feedback on course content.

Training evaluation form

An example of an evaluation form is shown on this page. Give out evaluation forms at the end of a training session and allow a few minutes for people to complete the form. Give them the option of putting their names on the form or not. Ask participants to fill it in as fully and honestly as possible and to hand in the form as they leave. You can use the information given on the forms to help you revise existing training and plan new training.

Follow-up and support

The training course is only part of the learning process; putting the learning into practice is the next step. While on the course, it is easy for people to feel motivated, but less easy when they have returned to their day-to-day work. Although training evaluation forms are useful for getting immediate feedback from participants, the real test of successful training is whether the way people work has changed and improved.

EVALUATION FORM

Please mark each of the following statements on a scale of 1 to 5. 1 = strongly disagree, 5 = strongly agree.

1. The training objectives were clear in advance.
2. The training objectives were achieved.
3. The right amount of information was passed on in the training session.
4. The information was clear and easy to understand.
5. The trainer knew what they were talking about.
6. The trainer was willing to answer questions.
7. The trainer was able to answer questions clearly and completely.
8. The training aids were useful and relevant (including visual aids, handouts etc).
9. The training will help me to be more effective in my job.
10. The training has raised my awareness.

Please write any further comments in answer to these questions:
How could the training be improved?
What worked best about this training?
Any other comments?

Name (optional):
Place of work (optional):

Co-workers and managers can play a key role in supporting new ideas and ways of doing things by encouraging those who attended training courses to incorporate what they have learnt into their work. This process can be started by asking people to talk to about the training they have just received when they return to work, and during management supervisions and appraisals.

There are many different ways of evaluating how training courses have affected someone's work:

- **Action planning** On the training course participants could be encouraged to outline an action plan for what they want to achieve in the next week, month, or three months after the course. The trainer or the participant's manager should follow-up these action plans to see if any progress has been made.
- **Questionnaires** These could be sent out by the trainer a few months after the course to see how much of the information has been retained.
- **Follow-up site visit** Here the trainer can take the opportunity of talking to colleagues and health service users to see to what extent the health workers have been able to incorporate their new knowledge and skills into their work.
- **Follow-up training sessions** A short session to discuss some of the challenges or barriers to using what has been learnt on the course in the work-place. Participants can also share their experiences and encourage and support each other.

Much of the emphasis on incorporating training course material into work lies in the self-motivation and the benefits participants may find, as well as the support of colleagues.

Additional resources

Participants can be encouraged to continue their development by supplying a range of resources they can access:

- a contact list of all the participants on the course
- handouts and information packs
- lists of relevant websites
- newsletters and journals of interest
- useful telephone numbers, like helplines
- contact details of professional bodies
- books.

With thanks to Aubrey Maasdorp.

Participatory training in India

Changes in tribal, rural and urban societies in India have resulted in an urgent need to provide reproductive and sexual health information. Schools focus on providing anatomical information and do not address questions related to emotional changes during adolescence. To address this, CHETNA organises training on reproductive and sexual health to reach out to adolescents.

An example of this training is a six-day workshop organised to promote understanding about reproductive and sexual health of adolescents from a gender perspective, with a focus on HIV/AIDS. The aim was to help participants to discuss their concerns and life experiences, and for the trainers and the participants to generate a pool of knowledge through sharing of experiences.

Assessing needs

To design effective training it is important to know about participants' needs. One way of doing this is to send a questionnaire before the workshop. CHETNA includes questions about relevant training that people have received in the past and how they could contribute to the present training. The information can be used to make training more participatory. Participants are also encouraged to put written questions into a box in the training room, without revealing their identity. These questions can be addressed during the training.

Challenges

Training on reproductive and sexual health is challenging because of different cultural and religious beliefs about the subject. For example, deep-rooted beliefs about gender can hinder the learning process. The age difference between the participants and the trainer is another factor affecting the success of training. CHETNA's experiences aim to address these challenges by:

- Encouraging participants to share their views, pose questions, and understand others' points of view. Using participatory methods like small group discussions helps people to talk about their values, beliefs and views. Motivating participants to share experiences is an effective learning tool. However, effective sharing demands a non-judgmental, supportive and an enabling environment. Sharing the outcome of small group discussion in a larger group provides an opportunity for participants to understand other people's opinions. Participants are then encouraged to represent their discussions in the form of a picture or symbol, which are then displayed in the training room.
- Using visual aids, such as slides.
- Using peer group learning when the trainer and participants are the same age, to help people to learn more easily.
- There needs to be an open, friendly, supportive and non-judgmental environment if the training is to be effective.

Evaluation

Participants create a daily newsletter about what they have learned. Trainers can use this to monitor the training. It also works as a tool to strengthen group feeling, which is crucial to any participatory training.

Another way of measuring the impact of training is using pre- and post-training questionnaires. Reviewing the pictures or symbols that participants developed during small group discussions is a way of helping people to evaluate their own learning. Talking about two important points that they learnt and two more points that they would like to learn in future helps the trainer to develop future training.

The most effective way to strengthen this learning is to provide follow-up support at the field level.

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Messages on notice boards help people share information at this workshop

Resources

Helping health workers learn

This book describes how to teach village health workers and is aimed at trainers who have had little formal education. It encourages trainers to adapt information and use their own and trainees' experiences in training. Available in Spanish and English from: *Teaching-aids At Low Cost (TALC)*, PO Box 49, St Albans, Herts AL1 5TX, UK
E-mail: talculc@talculc.org
Website: www.talculc.org
Price £11.50

Teaching health care workers

A simply written, illustrated guide for the trainers of health care workers. The book gives guidance on how training programmes can be planned and on training methods. Available from TALC (address above). Price £7

Teaching and learning with visual aids

This book covers the 'why, when and how' of visual aids and examples. It is aimed at those who train health workers. Available from: TALC (address above). Price £5.25

Health care together

This book includes practical training exercises for health workers in

community-based programmes. It is designed to develop communication skills and teaching methods. Available from TALC (address above). Price £4.50

How to make and use visual aids

Shows how to make visual aids quickly, using low-cost materials. The book provides many ideas and is useful for those with no experience in producing visual aids. The techniques described have all been well tried and tested by volunteers and the ideas are easy to use.

Available from: TALC (address above). Price £6.75

Training manual for traditional birth attendants

Based on practical experience, this book contains much information that can be adapted to meet the needs of trainers and Traditional Birth Attendants (TBAs). Available from: TALC (address above). Price £6.95

Electronic resources

The Communication Initiative website offers a listing of training opportunities and distance learning courses for workers (including health workers) at community level. Website: www.comminit.com/training

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About Healthlink Worldwide

Healthlink Worldwide works to improve the health of poor and vulnerable communities by strengthening the provision, use and impact of information. Healthlink Worldwide

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