Urban Health Extension Program Competency Based Integrated Refresher Training;

Report on the Proceeding and Findings of the Field Testing

HEPHCD, Federal Ministry of Health

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1. Introduction

The Health Extension and Primary Health Service Directorate, FMOH has planned to standardize and institutionalize the Integrated Refresher Training (IRT) for Urban Health Extension Professionals` (UHE-Ps). In order to make this happen, the directorate has developed selected training materials (facilitators and participants` modules) which include priority public health programs such as RMNCH, TB , HIV/ AIDS and malaria, NCD & Emergency, WASH and cross IEC/ BCC.

These competency centered in-service training materials are designed based on identified training need of the UHE-Ps and according to the required standards of practices deliberated in the UHEP (Urban Health Extension Program) Implementation Manual. The goal of the training is to optimize the competency of the UHE-Ps in terms of three basic domains (Attitude, Skill and Knowledge) and as a result to help them improve their performances in providing quality services to the clients.

These materials are supposed to guarantee high technical standards as they are prepared on the basis of approved global and national instructional design. After a series of consultations and review processes, it has been possible now to have the final draft of the modules. The remaining task is to pre-test the modules.

2. Purpose

Although the materials are designed based on the required standards of practices and the training gaps of the UHE-Ps, in practical terms, it is not yet clear whether or not they satisfy the interests of the trainees in terms of simplicity, understandability, demonstrability, usability, etc. The main purpose of the field-testing is then to assess the appropriateness of the modules in terms of addressing interests of the professionals.

2.1 Specific Objectives

The specific objectives of the field-testing are to:

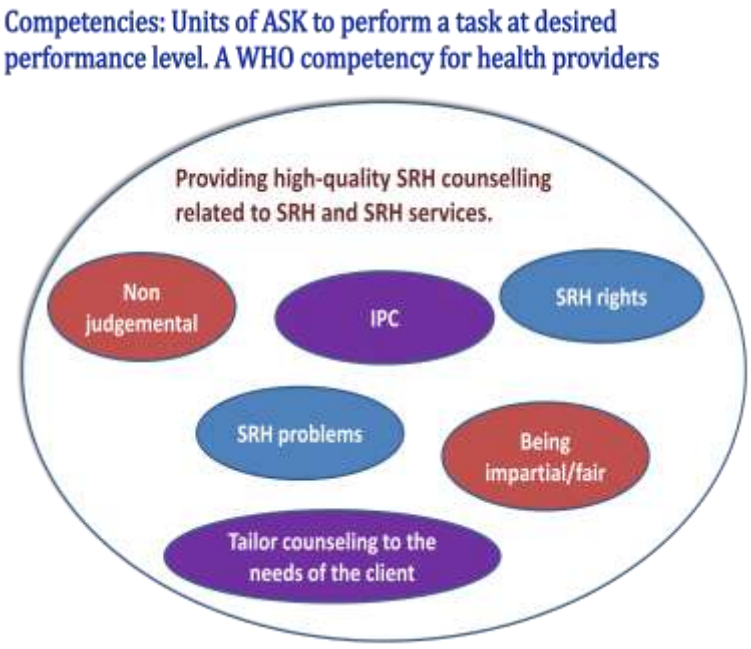
- assess the manageability and practicability of the contents of the modules
- verify the compatibility of the training methods with the allocated time and materials
- track the achievement of learning objectives
- measure the satisfaction of the facilitators and the trainees on the training modules being used
- identify major challenges/ limitations related to the module itself, and resulting facilitations and participation processes

3 Basics of Competency Based Training

Competency Based Training aims to improve performance of the UHE-Ps by equipping them with enabling attitude, skills and knowledge (ASK).

3.1 What is Competency ?

A competency is a cluster/unit of Attitudes, Skills, and Knowledge (ASK) and professional behavior necessary to perform a job task, action or function to a desired level of proficiency.



3.2 The role of ASK in CBT

Attitudes may influence how we respond to people and situation cognitively (e.g. how we assess a situation), emotionally (e.g. how we judge people), and behaviorally (e.g. what we actually do). Attitudes play an important role in enabling or hindering desired outcomes, including performing job competencies effectively.

Skills encompass experience and practice. Therefore they involve cognitive abilities (thinking, reflecting, analyzing, drawing conclusions, etc.) as well as deciding **how** to apply knowledge to accomplish a desired outcome. Skills alone without knowledge for problem can be ineffective or even dangerous, because a person may assume that skill is all about following rules/instructions no matter what the context is. Such a "skilled" person may have no ability or capacity to respond to situations outside of what she/he perceives to be the “normal” conditions.

As one of the aims of training is to improve performance and quality, knowledge needs to be considered both as: Factual knowledge i.e. the required information to perform a task well; and Knowledge for problem-solving i.e. the capacity to apply knowledge adaptively in order to respond to the context.

Knowledge for problem-solving (KPS) means that the training develops ability to select from a menu of ASK and adapt how they can be used according to different scenarios, even if those specific scenarios were not practiced in training. Unless training develops this ability for KPS, performance of competencies will not be fully achieved.

4. Training Modules

4.1 List of the Modules

There are selected UHEP training modules (facilitator guide and participants` manual) which are developed according to the standard instructional design and competency based approaches. The modules are as follow;

- Module 1: IEC/ BCC
- Module 2: Non Communicable Diseases (NCDs)
- Module 3: Water Sanitation and Hygiene(WASH)
- Module 4: Major communicable diseases (MCDs)
- Module 5: Reproductive, Maternal Neonate and Child Health (RMNCH)
- Module 6: First aid

All of the six modules were undergone testing in the field. They have been tested on 130 UHE-Ps for 4 days

4.2 Contents of the Modules

The contents are carefully selected that they can facilitate learning processes by addressing ASK and Experiential Learning Cycle (ELC); some of the contents are:

- Introduction to the module
- description of the module
- goal of the module
- learning objectives
- Facilitation methods
- Training materials
- Evaluation/Assessment Methods

- Units and sessions
- Units and session objectives and enabling objectives
- Activities and steps
- reference materials
- Facilitator and participants` resources

5. Methods of field testing

Methods of field testing (table 1) included:

(a) providing prior orientation to the pre- selected facilitators,

(b) verifying inputs for field testing

(c) Assigning target audiences (UHE-Ps) who will be trained with the newly designed IRT modules

(d) conducting pre and post- training knowledge testing for the trainees

(e) Measuring trainees` satisfaction on the processes of training and training modules on daily basis

(f) observing the daily teaching- learning processes using a checklist while the training sessions are being conducted ,

(g) having Interviews and discussions with the facilitators and the participants during and after the training sessions.

(h) reviewing documents

Table 1 : method of the field testing

No.	Description (Areas of concerns)	means and tools of data collection	Source of data/ info
1	Inputs (human, material, money)	Interview and observation with observation checklist	Documentations, MOH / JSI organizers and HHSC staffs
2	Pre and post training competency of the trainees on the subject matters of the respective module	Pre & post- test	Trainees (UHE-Ps)
3	Process of instructing and learning	Interview and observation with observation checklist	Facilitators and UHE-Ps
4	Trainees` satisfaction on the process of training, the modules and facility of the training	Scoring trainees satisfaction using daily evaluation form	UHE-Ps
5	Facilitators and trainees opinion on the quality of the respective modules	In-depth interview and facilitated discussion using discussion- guide	Facilitators and UHE-Ps

6. Result

6.1 Inputs for the field testing

- All the necessary training materials and equipments those mentioned in the respective modules were made available
- Training facilities arranged
- A total of 12 well trained facilitators (two per module) were assigned to run the training
- A total of 130 UHE-Ps who were selected from Addis Ababa, Adama, Shashemenne, Alaba, Dilla and Hawassa participated in the model training. There were about 22 trainees per class

- Six supervisors (one per module) were allocated to observe a facilitation process of the facilitators and participation level of the trainees over the course of the training.
- All required expenses have been covered (perdiem, trainers` fee, LTA, hall rent, refreshment cost, transportation reimbursement, etc.) to make the pilot training successful.

6.2 Competencies of the trainees (Pre and Post- Training)

Competency Based Training modules are usually developed by incorporating a variety of assessments for the trainees in order to determine their learning outputs during and after the training. Pre-Post test is one of the assessments which roughly measures the knowledge of the trainees about the subjects of the training before and after the processes took place. Accordingly, a pre-post test was given to all trainees in six separate classes on the respective modules. The result shows that there were relatively better scores for all modules in post-tests than the pre-test. A maximum increase of average score was documented for First aid

(21%), followed by WASH (20%). The minimum increase (10%) was documented for MCD. Out of all trainees who had had pre-post test for NCD, WASH, MCD and RMNCH; majority of them (73 out of 89) scored a result of more than 50% in post- test, see table 2.

This shows that there has been a total gain for the trainees in achieving the learning objectives over the course of the training towards improving their understandings about "what to do" for their clients (factual knowledge). The limitation of the pre-post test is that it couldn't measure both the attitude and skill domains of the participants

Table 2: Percent distribution of IRT participants by module and by pre and post-test results

Module	Trainee (No.)	Test Result						Aver. Score	
		Pre- test			Post - test			Pre- test	Post - test
		<50%	50-75%	>75%	<50%	0-75%	>75%		
IEC/ BCC									
NCD	24	10(42%)	12(50%)	2(8%)	4(17%)	16(67%)	4(16%)	47% (min 10, max 80)	61% (min 30, max 90)
WASH	16	15(94%)	1(6%)	0	6(38%)	8(50%)	2(13%)	25% (min 2, max 11)	55% (min 5, max 15)
MCD	13	1(8%)	10(77%)	2(15%)	1(8%)	6(46%)	6(46%)	63%(min 40, max 80)	73%(min 40, max 100)
RMNCH	20	0	21(95%)	1(5%)	0	13(59%)	9(41%)	66% (min 52, max 83)	73%(min 59, max 83)
First Aid	16	16(100%)	0	0	7(44%)	9(56%)	0	27% (min 0, max 40)	48%(Min 20, max 60)

6.3 Facilitation and learning processes of the training.

6.3.1 Use of facilitation guide

As a rule, every facilitator is required to make use of the guide so that he/ she could be able to convey the right instruction and messages to the trainees as well as use this opportunity for scrutinizing the strength and limitation of the module. Accordingly all facilitators, have been able to use the guideline appropriately and effectively throughout the course of the training. As a result, they managed to engage their audiences in all required activities during the training. On the other hand, they all took the opportunity for reviewing the whole modules . The summary of their opinion will be discussed in the next section.

6.3.2 Application of CBT and ELC

Based on the daily observations, it was found that through strict adoption and internalization of the module, the facilitators were managed to effectively apply all methods which helped the trainees tap in to their existing attitude, skills and knowledge through CBT and ELC approaches. Accordingly all facilitators were seen helping the trainees (UHE-Ps):

- explore how providers' own attitudes impact service provision,
- tailor their skills and attitudes to different types of clients or scenarios,
- Understand and describe social ecology factors of each stratum, analyze their interconnection or interdependence and how this affects their daily services
- learn through feedback to improve their attitude and skills,
- reflect on and analyze new content and information and apply the new information and knowledge to different cases and scenarios,
- use comments and contributions of the participants as materials to build on the exploration/analysis of the topics,
- develop their own insight and conclusions, and
- analyze the social ecology of topics and connections with public health

While facilitating the above- mentioned learning, all the facilitators were entirely depended on the facilitation methods put under every "enabling objectives" of the sessions. Often time, the methods included mainly the role plays, brainstorming, group discussions, demonstrations, Card plays, "agree"/"disagree" exercises, etc.

As a requirement, for every module, there were two facilitators; one as a lead facilitator and the other as co- facilitator and vice versa**.**

From participants` side, in response to the instruction being given by the facilitators, most the trainees were interacting very actively and with a keen interest. They were highly engaged . They were raising their own professional concern about the contents of the module which they thought would be helpful further enrichment of the module

6.3.3 Time management

In spite of being late starting classes on the first day, two modules ; IEC/BCC and First aid were completed within their due time, whereas, the rest of the modules required a couple of extra hours to be completed. The main reasons were that

- All classes started late- late by 2 hours on the first day
- Throughout the course, the participants were not arriving on time in the morning and after a lunch .For some reasons, they were leaving earlier in the afternoon as well.
- All training- sessions were stopped on the 4th day; One day short for NCD and WASH

6.3.4 Satisfaction of the trainees on the training processes and tools

The UHE-Ps were assessed for their satisfaction with the process of the facilitation and the contents of the training modules in terms the following CBT domains (Attitude, Skill and Knowledge)

1. ***How useful is this training to help you reflect on your current knowledge and experience ?***
2. ***How useful is this training to help you identify how to re-orient your attitudes to better do your job?***
3. ***How useful is this training to help you identify and analyze broader social factors that may affect different clients and groups you are meant to reach?***

4. ***How useful is this training to help you expand your knowledge and identify how to use it with different client and groups ?***
5. ***How useful is this training to help you improve your skills in providing the required services to your clients?***
6. ***How relevant are the methods in addressing ASK and ELC?***

Based on the above mentioned quires, a four- day scoring showed that 84%, 76%, 75% and 73% of RMNCH, MCD, NCD and First aid trainees believed the training was "very helpful" in addressing the core elements of their competencies (attitude, skill and knowledge). As compared with the trainees in RMNCH, MCD, NCD and First aid, less than half, 42% percent of WASH trainees agreed that the training was "very helpful", followed by 46% who said the training was just "helpful". Two percent participants in NCD and 10 % in WASH argued the training was "partially helpful". Only 1% of WASH participants claimed the training was "not useful" see table 3.

On the other hand, with regard to relevance of the training- methods in addressing ASK elements, 77% trainees in First aid class, 76% in RMNCH, 71% in MCD, 65% in NCD and 43% in WASH agreed the training was "very relevant". Five percent and 6% trainees in NCD and WASH respectively said the training was "partially relevant". Two percent of the trainees in WASH class were not happy with the training as they said the training was "not relevant " (table 3).

Table 3: A four- day cumulative number of the participants in different modules who evaluated daily training sessions

Question	Scale	Modules									
		RMNCH		MCD		Fir. AID		NCD		WASH	
		No.	%	No.	%	No.	%	No.	%	No.	%
How useful is this training to help you reflect on your current knowledge and experiences	Very useful	56	80	72	87	40	82	58	79	31	48
	Useful	14	20	11	13	9	18	15	20	27	42
	Partially useful	0	0	0	0	0	0	1	1	6	9
	Not useful	0	0	0	0	0	0	0	0	1	2
Total		70		83		49		74		65	
How useful is this training to help you identify how to re-orient your attitudes to better do your job?	Very useful	59	84	68	82	44	79	63	85	32	49
	Useful	11	16	14	17	12	23	10	14	26	40
	Partially useful	0	0	1	1	0	0	1	1	6	9
	Not useful	0	0	0	0	0	0	0	0	1	2
Total		70		83		56		74		65	
How useful is this training to help you identify and analyze the broader social factors that may affect different clients and groups you are meant to reach?	Very useful	56	80	63	76	35	64	60	81	22	34
	Useful	14	20	20	24	20	46	12	16	36	55
	Partially useful	0	0	0	0	0	0	2	3	7	11
	Not useful	0	0	0	0	0	0	0	0	0	0
Total		70		83		55		74		65	
How useful is this training to help you expand your knowledge and identify how to use it with different client and groups?	Very useful	48	69	62	75	38	69	51	69	25	38
	Useful	22	31	20	24	17	31	22	30	32	49
	Partially useful	0	0	1	1	0	0	1	1	7	11
	Not useful	0	0	0	0	0	0	0		1	2
Total		70		83		55		74		65	
How useful is this training to help you improve your skills in providing the required services to your clients?	Very useful	56	80	57	69	39	70	47	64	22	34
	Useful	14	20	25	30	17	30	27	36	34	52
	Partially useful	0	0	1	1	0	0	2	0	8	12
	Not useful	0	0	0	0	0	0		0	1	2
Total		70		83		56		74		65	
All Totals	Very useful	294	84	381	76	236	73	279	75	137	42
	Useful	56	16	114	23	87	27	86	23	151	46
	Partially useful	0	0	3	1	0	0	7	2	33	10
	Not useful	0	0	0	0	0	0	0	0	4	1
		350		498		323		370		325	
How relevant are the methods in addressing ASK and ELC?	Very relevant	53	76	59	71	40	77	48	65	28	43
	Relevant	17	14	24	29	12	23	22	30	32	49
	Partially relevant	0	0	0	0	0	0	4	5	4	6
	Not relevant	0	0	0	0	0	0	0	0	1	2
Total		70		83		52		74		65	

6.6 Quality of Training facilities and service:

Facilitators and Trainees were discussed that they were not happy with the training facilities for the following reasons:

- The rooms were not adequate for group works, role play and demonstrations
- The rooms are not convenient for facilitation activities as well ;
- There were no basic furniture. i.e. tables, flipchart stand, protective curtain, etc.
- lack of sanitation facilities such as toilet and hand washing facilities
- Refreshment items were not adequate and palatable. Catering services were very un hygienic and lacking ecstatic value.
- Few of the participants claimed that the DSA/ LTA was inadequate

6.7 Quality of Training Modules:

Facilitators and Trainees were agreed that they were generally satisfied with the overall structure and contents of training modules because majority of them; 84%, 76%, 75% and 73% of RMNCH, MCD, NCD and First aid trainees respectively believed the training was "very helpful" in addressing the core elements of their competencies (attitude, skill and knowledge), (Table 3). However, they underlined those areas which need further revision as follow.

6.7.1 General (all modules)

- Some of the sections of all modules presented with vague and/ or confusing language as well as very poor formatting
- The time given for some modules was not adequate. I.e. RMNCH, WASH and MCD. It was not only inadequacy that affected the course of the training but also miscalculations of time break down for some methods of training, because, some methods were given much extended time while others supposed to run with very limited time.
- CBT- facilitation process has been bit strange for few of the facilitators especially for the first two days
- Some of the instructions and questions in some of the modules were unclear, misplaced and/ or lacking
- Some of the modules put more emphasis on "knowledge" domain of the CBT but limited "Skill "and "Attitude" trainings
- Even though the objectives were set in such a way that addressing the learning need of the trainees, some methods still needed to be in consistent with the set objective
- There was lack of sections for acronyms and abbreviations in some The modules

6.7.2 Specific

6.7.2.1 RMNCH

- Some of the UHE services which can be rendered by the UHE-Ps unfortunately missed from RMNCH module . i.e. skill of providing some FP services and newborn care
- FP unit is un proportionally extended
- Questions in facilitator`s guide pp 30 and participants manual pp 26 are not similar
- The "agree" and "disagree" statements in FP session are confusing and need to be clear
- design role play for a case scenario on pp 55 not buzz group discussion
- There are no answers for questions on pp 64. put corresponding answers
- 'Vit A" is not recommended for pregnant woman remove it from a table on PP 72
- Omit table 1 and 2 on pp 75 because they are included in participants manual

6.7.2.2 First aid

- The design of the module lacked consistency. Because, The steps and methods included in the participants' manual but not in the facilitator`s guide. Unlike other modules, detailed texts / notes were placed in the facilitators' guide but missed out from participants' manual. There were also confusions on some of the proposed methods. For instance, introduction part of the video (PP8) was proposed as a method but not important. The Role play on (PP23) was found to be inappropriate. it was suggested that the activity could be better addressed through "group discussion".

- The algorism (PP 63) was not clear – very confusing even for the facilitators
- The case study – 'Alemitu' (PP 84) – The questions included more clinical issues- beyond the scope of the UHEPs, which as a result, limited the reflective practices of the learners as
- Some of the questions in the pre- post test were not clear
- Some of the topics were found to be "irrelevant": i.e. appendicitis, Intestinal Obstruction – as the UHEPs would have limited contribution towards addressing such problem
- Epilepsy is one of the common health problems for the community. Therefore, it was unfortunate to miss Epilepsy from the First aid module because, the UHE-Ps need to address such emergency situation at the household and community level

- Arresting bleeding was included into other objectives but needs to be treated under a separate enabling objective
- Some of the training materials were not available to do the required first aid demonstration and role plays. I.e. required dressings to do the role play (PP60)

6.7.2.3 MCDs

- The combination of three MCDs in one module might be good in one hand but such integration could override some important topics in other hand.
- MDR -TB was not elaborated as adequate as it could be. The UHE-Ps are expected to do more in identifying TB / MDR- TB cases and to counsel on adherence of anti-TB drugs.
- Like other modules, there were discrepancies between the participant and facilitator guide in MCD module too.
- The HIV test algorithm was found to be very helpful for one of the participants; since it incorporates the new HIV testing and counselling and the respondent said that it was good opportunity to learn such new HIV test algorithm though it was not provided in the required (standard) period of time to do more demonstrations
- The module was very relevant for UHE-Ps. However, the MCD module would have included major water and food borne diseases are included, if not addressed in the WASH module.
- The design was very good but some activities presented not in reordered and some other had been repetitive for the same enabling objective in TB unit
- It was agreed that the session about **HIV positive living and linkage between HIV and nutrition** could be aligned and It would have been good if videos were included in HIV counseling.
- In the TB part, especially transmission section, incorrect mode of transmissions were listed
- Some training materials were not made available . i.e. HIV and malaria test kit, VIPP card, Vulnerability assessment tool.

6.7.2.4 WASH

- It would have been good for the UHE-Ps to have some sort of guidelines in the training module on how to establish Intersectoral collaboration especially in areas of solid and liquid waste management
- The overall module preparation was very relevant for the UHEPs but some of the objectives were stated with two action verbs and have to be corrected
- Some of the sessions in the module were not put in logical order so It would be better to modify the sequence like Housing, Water& Food , Solid & Liquid and Latrine

6.7.2.5 NCDs

- In spite of its large scope, mental health was given less attention in the NCD module
- Normal range of values were not indicated in hypertension sessions
- Normal and abnormal nature of eye is very important including video
- It would have been better to have a Laboratory professional in the team. This could facilitate skill learning of some procedures. i.e. glucose testing
- DM type two has been well addressed whereas, DM type one was *overlooked*
- The attitude domain was not well addressed in some NCD sessions
- In spite of its significance, cervical cancer was missed out from NCD modules
- Few of the participants lost interest
- Some of the training equipments were not made available. i.e. adult Wt and Ht scale for measuring BMI, deep stick and glucometer
- Some of the instructions/ questions were included in the participants` guide, but missed from facilitators` guide
- The time allocated for NCD was not enough to cover all sessions
-

7. conclusions

From the analysis of multiple data (document review, observations, group discussions and in-depth interviews) we learnt that the trainees were very happy with the process of the training and the quality of the training modules because they believed such training could ultimately enable them

achieve their learning objectives in order to improve their day- to- day performances. Therefore, the assessor`s team has strongly recommended to apply this training approach (CBT) at scale using the tested modules. This doesn't mean the training facilities, processes and modules are absolutely perfect. There are some areas that need further improvements. Some of them are as follow (see the way forward).

8. The way forward

8.1 Training Facilities and Services

- Training facilities need to be of good quality in terms of location, space, furniture, safety, ventilation and illumination. On top of this, sanitation facilities such as hand washing appliances, latrine and waste collection bins, etc.
- Event organizers should be assigned
- Food items have to be edible, hygienic and aesthetic.

8.2 Facilitation process

- Facilitators need to be selected carefully based on their prior experience in handling CBT. Laboratory professionals as well have to come onboard to provide skill trainings to UHE-ps on some rapid tests such as HIV, HCG, glucose and malaria tests
- Facilitators need to have a well scheduled and adequate orientations on the respective modules. They are required to do more and more rehearsals beforehand.

8.3 Training modules

- The critical limitation of the modules is that they lack formatting and errors in usage of language. Therefore, the modules need to be critically reviewed in terms of the appropriate and simplified use of language. Besides, they have to be formatted
- It is better to have sections for acronyms and abbreviations across all the modules

- With regard to the contents, some of the topics that were identified as 'not relevant" should be omitted. i.e. appendicitis, Intestinal obstruction in First aid module
- It is important to revisit each module in terms of what have been missed out (i.e. cervical cancer in NCD and skill of providing some FP services and newborn care in RMNCH module)
- There are needs to remove redundant topics or instructions.
- There must be consistencies between the facilitators` guide and participants handout
- Better to redistribute time in terms of the scope of the sessions or activities
- It is vital to make sure that all the units or sessions are balanced with Attitude, Skill and Knowledge elements of competencies and the methods are aligned with the enabling objectives
- The training organizers need to avail all required training materials and equipments. inventory should be carried out before the commencement of the training.

9. Annexes

Annex 1: Observation check list

1	Training inputs (before the commencement of the training)	Yes	no	If no 'why?"	
1.1	**Check the availability/ appropriateness of the following Items**				
1.1.1	Training venue and refreshments				
1.1.2	Required number and mixes of trainees				
1.1.3	Required number facilitators and co facilitators				
1.1.4	Required number of training modules (facilitators` guide and participant`s manual)				
1.1.5	Required number and type of training materials/ equipments per each module				
1.1.6	Required number and type of reference materials				
1.1.7	Required number and type of stationeries				
1.1.8	Facilitators` facilitation plan				
1.1.9	Supervisors` training supervision/ assessment tools				
1.1.10	Required number of trainees` assessment tools (pre, intra and post training)				
1.1.11	Required number of daily evaluation form				
1.1.12	Required number of trainees` registration and attendance form				
2	**Training process (facilitation and learning processes during training sessions)**	**Most of the time**	**Some times**	**Not at all**	**If "Not at all" Why?**
2.1	**Application of CBT: Attitude domains**				
2.1.1	Did the facilitator/s do well to enable the participants contribute their existing experience of the topics?				
2.1.2	Did the facilitator/s do well to enable the participants explore how providers' attitudes impact service provision?				
2.1.3	Did the facilitator/s do well to enable the participants identify providers' attitudes that enhance job performance?				
2.2	**Application of CBT: skill domains**				
2.2.1	Did the facilitator/s do well to enable participants self-assess how effectively they use their existing skills?				
2.2.2	Did the facilitator/s do well to enable the participants tailor their skills to different types of clients or scenarios?				
2.2.3	Did the facilitator/s do well to enable the participants learn through feedback to improve their skills?				
2.3	**Application of CBT: knowledge domains**				
2.3.1	Did the facilitator/s do well to enable participants tap into their existing knowledge?				
2.3.2	Did the facilitator/s do well to enable the participants reflect on and analyse new content and information?				
2.3.3	Did the facilitator/s do well to enable the participants apply new information and knowledge to different cases and scenarios?				

2.4	**Application of CBT: ELC domains**				
2.4.1	Did the facilitator/s use questions effectively to engage the participants to reflect on and analyse the topics?				
2.4.2	Was the facilitator/s able to use comments and contributions of the participants as materials to build on the exploration/analysis of topics?				
2.4.3	Did the facilitator/s use questions effectively to enable the participants develop their own insight and conclusions?				
2.4.4	Did the facilitator/s use questions effectively to enable the participants analyse the social ecology of topics and connections with public health?				
2.4.5	Was the facilitator able to handle unnecessary dialogue or conflict?				
2.4.6	Did the facilitator manage to cover all sessions and activities for a given period of time?				
2.4.7	Did all of the trainees actively participate in all learning activities / processes?				
2.4.8	were the participants satisfied with the sessions and methods of the training? (see daily evaluation forms (analyzed))				
2.5	**Other performances**	**yes**	**No**	**If no Why**	
2.5.1	Were both facilitators guide and participants manual being used during the training?				
2.5.2	Was the allocated time appropriate for a given unit?				
2.5.3	Were the activities and steps clear for the participants?				
2.5.4	Were all the training materials being utilized?				
2.5.5	Were the training halls adequate for group activities?				
2.5.6	Were the training sessions conducted in accordance with the pre-set time table?				
2.5.7	Were the trainees` registration and daily attendance forms collected, compiled and analyzed?				

Annex 2: Question guide for UHE-Ps in-depth interview

The following questions are formulated to collect individual UHE-P`s opinion on the training in terms of the following parameters:

(a) achieving their learning objectives or expectations;

(b) understanding the contents of training modules;

(c) enjoying reflective practices;

(d) realizing the effect of the training on their attitude, skills and knowledge

(e) and eventually, their intension or readiness to apply what they have learnt to their daily practices

1. Before this training, what was/ were your major limitation/s to effectively exercise your professional roles ?

2. Why are you interested to have such IRT ?

3. What were your major expectations out of the training ?

4. remember two or three learning objective of the training; do you think you have achieved those objectives?

If yes, what did you achieve?; if no, why?

5. Which aspects of the training were the most difficult to understand or to practice? why?

6. What do you think is/are the most useful elements of the training in terms of improving your performances? and which are less important? what is/ are missed ?

7. How do you grade your level of engagements? (Very high , high, moderate, low, very low); if "low", and "very low", why?

8. Are you satisfied with what you have learnt? if "yes", would you grade your level of satisfaction? (Very high , high, moderate, low, very low) if "low", and "very low", why?

9. How do you put in practice what you have learnt from this training sessions?

Annex 3 Daily evaluation form

1. How useful is this training to help you reflect on your current knowledge and experience to identify how you can improve what you do in your work?

Very useful Useful Partially useful Not useful

2. How useful is this training to help you identify how to re-orient your attitudes to better do your job?

Very useful Useful Partially useful Not useful

3. How useful is this training to help you identify and analyze the broader social factors that may affect different clients and groups you are meant to reach?

Very useful Useful Partially useful Not useful

4. How useful is this training to help you expand knowledge and identify how to use it with different clients and groups you are meant to serve?

Very useful Useful Partially useful Not useful

5. How useful is this training to help you improve your skills in providing the required services to your clients?

Very useful Useful Partially useful Not useful

6. How relevant are the methods in addressing ASK and ELC?

Very relevant relevant Partially relevant Not relevant

7. other comment

_____
_____
_____
_____
_____
_____

Annex 4: Sample of Pre and Post test

4.1 MNCH Pre-Post test Questions

#	Questions	TRUE/ FALSE
	Session 1.1	
1.	Young people are not among the priority target groups for reproductive health services	
2.	Adolescents and youth get a lot of information from different sources and can keep themselves safe. There is no need to worry about their sexual and reproductive health issues	
3.	Parents should always be informed when their adolescent children encounter reproductive health problem?	
	Session 1.2	
4.	Showing confidence during adolescent counselling will help to establish trust	
5.	Excessive eye contact during counselling will scare adolescents	
6.	You should avoid telling young people disapproval of their action to ensure good counselling	
7.	Condom is one of the effective methods to prevent HIV and other STIs	
	Session 2.1	
8.	Family planning is having small number of children for the wellbeing of the family	
9.	It is the responsibly of women to use contraceptive methods and avoid unwanted pregnancy	
10.	Family planning have benefit for the mother, children, family as well as the economy.	
11.	Understanding and analyzing the social ecology factors for family planning use will help providers give tailored family planning ser	
	Session 2.2	
12.	Natural methods of contraception are as effective as artificial methods	
13.	All hormonal methods are recommended for all women as long as their breastfeeding practice is taken into consideration and the women are advised properly	
14.	All barrier contraceptive methods are effective in the prevention of HIV and STIs	
15.	A woman can use oral contraceptive method throughout her reproductive life	
16.	Oral contraceptive pills do not cause birth defects or multiple birth	
17.	Informed choice of family planning is when a woman/couples make their choice after getting information on all possible methods including benefits and side effects	
	Session 3.1	
18.	Anaemia during pregnancy is among the major cause of maternal mortality	
19.	UHEPs have significant role in identification and prioritization of households with pregnant mothers and neonates	
20.	Interventions to reduce neonatal mortality often seen high level technology and are expensive	
	Session 3.2	
21.	The best time to start ANC is as soon as the woman suspects pregnancy	
22.	In FANC there are 4 essential visits recommended that the woman can make whenever she has time	
23.	Blurred vision is one of the danger signs of pregnancy	
	Session 3.3	
24.	The nutritional status of a girl child will be always reflected on her future children	
25.	MUAC is one of the simplest ways of assessing nutritional status of pregnant women.	
26.	Pregnant and lactating mothers with MUAC less than 23.5cm are considered as malnourished.	
	Session 3.4	
27.	UHEPs do not have any contribution in the national PMTCT program	
28.	PMTCT care and treatment services decrease the transmission of HIV from mother to child significantly	
29.	Primary prevention of HIV is the key for prevention of mother to child transmission of HIV	
30.	Like any other women in the reproductive age, women living with HIV have the right to decide on her fertility related issues	
31.	All women should be advised on replacement feeding regardless of their contexts for the sake of the child	
	Session 3.5	
32.	During child birth, if the placenta is removed safely we can consider the mother to be safe and focus our attention on the child only	
33.	It is important to discuss about family planning as soon as possible after a woman gives birth	
	Session 3.6	
34.	Keeping the baby in the skin-to-skin contact with the mother protect the newborn form hypothermia	
35.	Women with low education can't really understand the importance of good neonatal care.	
36.	Men can't be expected to share responsibility for neonatal care	
37.	Sometimes babies get trusty and it is ok to give them some drops of boiled water	
38.	We should limit the number of times the baby is breast feed as excessive feeding may cause obesity	
39.	Both high and low body temperatures are danger signs among neonates and should lead to immediate referral for care at health facility	
	Session 4.1	
40.	A total of 10 childhood illnesses are targeted by the national EPI program currently	
41.	Tetanus is one of the EPI targeted diseases globally targeted for eradication	
	Session 4.2	
42.	Convulsion is one of the general danger signs of a sick child	
43.	A child with danger sign should be managed at home before referral	
	Session 4.3	
44.	A child with MUAC measurement of 11.2 cm is in good nutritional status	
45.	Weight for age the most common index used in growth monitoring	
46.	All under five children should be measured for their length while lying on their back	

4.2 NCD Pre-Post test Questions

Code_____

Instruction: Choose the best answer.

1. Which of the following is a false statement according to WHO's 2014 report?
   A. Cardiovascular diseases, diabetes, obstructive lung disease and cancers are on the increase all over the world except in low- and middle-income countries.
   B. Non-communicable diseases are the leading cause of ill-health and death accounting for more than 60% of all deaths.
   C. 285 million people are estimated to be visually impaired worldwide.
   D. Mental health conditions account for 8.8% of the deaths and 16.6% of the total burden of disease in low- and middle income countries.
2. Which of the following is not an area for risk factor assessment?
   A. Cigarette smoking B. Nutrition/Diet c. Overweight /Obesity: D. Physical Inactivity/Sedentary Lifestyle E. None of the above

3. Which of the following is a normal blood pressure?
   A. Diastolic 70 mmHg B. Systolic 140 mmHg C. Diastolic 90 mmHg D. All are normal

4. Which of the following is not a risk factor for hypertension?
   A. Low cholesterol level B. Diabetes mellitus C. Kidney disease D. High BMI E. All are risk factors

5. Which of the following is not a risk factor for diabetes mellitus?
   A. Family history of diabetes B. Hypertension C. High BMI D. Gestational diabetes mellitus E. All are risk factors
6. Which of the following is not among the top five organs in which fatal cancers develop?
   A. Lungs B. Stomach C. Liver D. Breast E. Cervical

7. Which of the following is a secondary prevention strategy for cancer?
   A. Health promotion B. Early diagnosis and treatment C. Prevention of exposure D. Prevention of disease E. None
8. One of the following is not a modifiable risk factor for breast cancer:
   A. Radiation exposure B. Estrogen exposure C. Smoking D. Family history of breast cancer E. Obesity

9. Which pair of risk factors for mental health problem in the social ecological model is correct?
   A. Loneliness – Individual factor B. Low self-esteem – Individual factor
   C. Poor access to basic services – Social factor D. Low income and poverty – Environmental factor

10. Which combination is not correct in the prevention of mental health problems
    A. Explain how people can reduce their risk of developing mental illness – primary prevention.
    B. Explain why it is important to identify people with mental illness – secondary prevention
    C. Discuss the treatments for mental illness – tertiary prevention
    D. All of the above are correct combinations

4.3 First aid Pre-post test Questions

1. Which one is the first priority to approach emergency patients?

A. Call
B. Check safety
C. ABC Assessment
D. Move patient to hospital

2. Which one is true about the objective of first aid

A. Preserve life
B. Prevent further injury
C. Promote recovery
D. All

3. When do you start CPR?

A. If no central pulse
B. If no breathing
C. If a patient can"t talk
D. A and B

4. How do you stop external bleeding?

A. Direct pressure
B. Elevate
C. Head tilt
D. A and B

5. Which one is immediate first aid for chocking?

A. Abdominal thrust
B. Head tilt
C. Jaw thrust
D. Direct compression

6. As a first aider, which one is not important for fractured patients?

A. Call Ambulance
B. Immobilize
C. written consent
D. Check ABC

4.4 WASH pre-post test questions

1. As profession working in this sector, what are the roles and responsibilities of UHE-ps in latrine construction of the households in the community they are working?
2. What are the main requirements for the properly designed/constructed latrine?
3. What is improved latrine?
4. List the critical times for hand washing?
5. List at least two reasons why urban community members didn't use latrines or people defecate openly?
6. Write the following words next to their correct definitions in the table below; biogas latrine; cistern-flush toilet; ecosan latrine; improved latrine; pour-flush latrine; urine-diverting latrine; VIP latrine.

	a type of latrine that separates urine and faeces
	a type of latrine that generates a fuel gas
	a latrine where there is no contact between the user and the excreta produced
	a type of toilet where a water supply is needed for operation
	a type of latrine where the faecal matter is composted
	a modification of the simple pit latrine where the problems of odour and flies have been addressed
	a type of latrine where the user has to move the excreta along using water

7. Write at least three major components of personal hygiene?
8. Write the most common misconceptions on hand washing?
9. Poor housing is associated with a wide range of diseases. Write at least four communicable diseases due to poor housing include?
10. What are the major pros and cons of community led total sanitation and hygiene (CLTSH) promotion approach?
11. Describe the various types of food borne diseases
12. Describe sources of drinking water contamination and method of prevention of contamination
13. Describe the major sources and types of solid and liquid waste

4.5 MCD pre-post test questions

4.6 IEC- BCC pre-post test question

Annex 5: Training Schedule

Objectives

By the end of the model training, the assessing team would be able to:

- describe the strength and limitations of IRT modules in terms of addressing learning objectives or meeting learners expectations/ needs;
- amend or revise the IRT modules based on the findings from the field testing ;
- Finalize and endorse the IRT modules so that the modules will be used in the large scale nation- wide trainings;
- document the whole processes and
- produce an accomplishment report which would be shared among the stakeholders and partners.

Day and Time	Activities	Responsible
Saturday -01,Oct 2016 3:30am – 6:30 Pm	**<u>Task 1: Preparation</u>** • Review and finalize questionnaires and checklists which would be used for interviewing the trainees and the facilitators over the course and at the end of the training • Review and finalize the slides meant for the orientation of the facilitators • Audit the availability of all required training materials	Melaku Temesgen Wolde Yealem
Sunday -02,Oct 2016 8.30am – 6.00pm	• Inspect the training facilities for their set up (location, seats, spaces, training materials, sanitation facilities, etc) • Provide orientation to the facilitators on the IRT modules which have developed based on CBT approach • Have a preliminary discussion with the assessors on how to use data collection tools and proceed with the assessing processes	Melaku Temesgen and assessors

Day and Time	Activities	Responsible
Monday - Friday 03,Oct 2016- 07, Oct 2016 8.30am – 5.30pm 5.30pm- 7:30 pm	**<u>Task 2: conducting model training</u>** **2.1 Facilitate the training sessions using IRT- modules** **2.2 Assess** • The effectiveness of the facilitators in facilitating trainees` experiential learning as well as level of participation by the trainees over the course of the training • The strength and limitation of training module in terms of addressing learning objectives or meeting learners expectations/ needs • The feasibility of allocated time and training materials • The appropriateness of the training facilities: location, space and furniture of the venue; menu of refreshment, sanitation facilities, etc. *The assessors would collect all required data on the quality of each IRT -training modules being piloted to examine whether or not the modules could address the intended learning objectives or met the expectations of the trainees* **2.3 Review the daily accomplishment in terms of :** • positive achievements • limitations(areas that need improvement in the subsequent sessions) • major challenges and possible solutions *The daily review will be arranged based on the evidences drawn from summary of daily evaluation, observers remark and facilitators` note*	**Facilitators and assessors**

Day and Time	Activities	Responsible
Saturday - Monday 08,Oct 2016- 10, Oct 2016 8.30am – 5.30pm	**Task 3: Finalizing the IRT modules** • Compile and analyze the course assessment data (personal and group level) • based on the finding revise and finalize the modules (personal and group level) • write the accomplishment report • Have a preliminary discussion on the next steps which include the roll out plan	**Assessors** **Challa and Melaku**
	• closing remark	