

# Guidelines for Planning Training Activities for Immunization and Disease Control Services



Expanded Programme on  
Immunization



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# Contents

Introduction .....	1
1. Training needs assessment .....	4
1.1 Programme objectives .....	4
1.2 Job descriptions .....	4
1.3 Training needs .....	4
1.4 Methods for collecting information on training needs .....	7
2. Training goals, principles, and objectives .....	9
3. Organizational structure for training .....	11
3.1 Training responsibilities .....	11
3.2 The role of managers and supervisors .....	13
3.3 Training of trainers .....	13
4. Course schedule .....	15
4.1 Decide what courses should be given .....	15
4.2 Set learning objectives for each course .....	15
4.3 Determine the duration of each course .....	15
4.4 Decide how many health workers should attend each course ...	16
4.5 Decide how many times each course will be given during the year	16
4.6 Set the times and locations of each course .....	16
4.7 Decide what course materials will be needed .....	17
5. Action plan .....	20
6. Training budget .....	22
6.1 Capital costs .....	22
6.2 Recurrent costs .....	22
7. Evaluation of the training plan .....	24
7.1 Evaluation of individual course effectiveness .....	24
7.2 Evaluation of the training plan .....	24
7.3 Use of evaluation data .....	26
8. The national training plan document .....	27
Definitions .....	29
Appendices .....	31
Appendix A: Job description form .....	32
Appendix B: WHO/GPV/EPI training materials .....	33
Appendix C: Action Plan format .....	35



# Introduction

Health workers<sup>1</sup> involved in their country's immunization and disease control services are responsible for a variety of tasks. In addition to giving immunizations, they maintain the cold chain, conduct disease surveillance, organize the distribution of vaccines and other supplies, report to supervisors, and perform many other tasks. All of these tasks require skills and knowledge obtained through pre-service and in-service training. Planning is essential if that training is to prepare health workers effectively.

To plan training, a manager must:

- Assess the needs of individuals and groups.
- Set goals and principles for training; set annual training objectives based on needs, programme priorities, and availability of resources.
- Establish an organizational structure for the training function.
- Make a course schedule. Decide what courses should be conducted and when, where, and how often each course will be given, for which health workers, and with what materials.
- Write an action plan.
- Prepare a budget.
- Develop a strategy for evaluating the effectiveness of the training plan.

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<sup>1</sup> Although in common usage the term "health worker" refers to workers who provide services at the peripheral level, in this guide it is used in a generic sense and includes senior level managers and storekeepers as well as physicians, nurses and health assistants.

## What is the purpose of the guide?

The primary purpose of this guide is to help managers plan in-service training, that is, training that takes place after a person begins work in the health care system.<sup>2</sup>

It describes the components of planning and suggests strategies for obtaining the information required. Users should find the guide helpful in planning immunization or other primary health care training and writing a national training plan.

## Who is the guide for?

This guide is for "training coordinators", that is, the staff who are responsible for planning, managing, and evaluating training at the national level and at the provincial or district levels in decentralized systems and large countries. Other managers who are involved in planning training, such as supervisors, will also benefit from the guide.

Course directors (responsible for managing individual courses), facilitators, and other training staff may use this guide as well as materials designed for specific courses, such as *Training for Mid-level Managers* course.

## How is the guide organized?

Each chapter of the guide describes a topic that should be addressed in planning:

1. Training needs assessment
2. Training goals, principles, and objectives
3. Organizational structure for training
4. Course schedule
5. Action plan
6. Training budget
7. Evaluation of the training plan

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<sup>2</sup> Another guide is available on pre-service training, *Strengthening the Teaching of Immunization Services in Basic Training Programmes, Manual for Instructors of Primary Health Care Workers*, WHO/EPI/TRAM/93.4.

The chapters listed above provide an outline of the contents of a written training plan and explain its major components. Chapter 8, the last chapter, The National Training Plan Document, summarizes these contents.

**Planning is never over; it cannot be done once and then forgotten but must be monitored continually and revised to meet new needs.**

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# 1. Training needs assessment

To meet programme objectives, training coordinators must know what tasks health workers are expected to perform, what skills they have, and what improvement is needed. The process for finding this out is called training needs assessment.

## 1.1 Programme objectives

Programme objectives provide the basis for training objectives, and the strategies and activities planned for meeting programme objectives generally define what will be needed in training.

For example, if a country's objective to eliminate neonatal tetanus is to be reached by a strategy to focus immunization activities in high risk areas, training coordinators must provide the health workers with the knowledge and skills on how to identify high risk areas, assess the problems in these areas, select appropriate immunization activities, and monitor progress toward elimination.

## 1.2 Job descriptions

While programme objectives state what should be accomplished, they do not describe the specific tasks that health workers must do to reach the objectives. Job descriptions (see Appendix A for a sample form) provide this information by listing the duties that health workers are expected to perform.

In addition to providing a basis for evaluating a worker's performance, job descriptions are a tool for identifying training needs. When a health worker does not have the knowledge and skills to perform the duties in his or her job description, he or she has a training need. When job descriptions change to reflect new work requirements, health workers must be trained to perform the new skills.

## 1.3 Training needs

The need for training arises when a health worker does not have the skills, knowledge, or attitude required to perform his or her job. Most needs for training arise as a result of the following situations:

1. Newly hired, transferred, or promoted health workers.

Newly hired, transferred, or promoted workers need an orientation, the content of which is determined by their job descriptions. Job descriptions may also indicate a need for training in addition to general orientation, as discussed in section 1.2.

2. The introduction of new strategies or activities.

Health workers often need new skills and knowledge to implement a new programme strategy or new activity. (The job descriptions of these health workers should be changed to conform with the new requirements.)

3. The introduction of new equipment.

The introduction of new equipment, such as auto-destruct syringes or solar refrigerators, often signals a need for training.

4. Poor performance by health workers.

Performance problems, such as failure to reach coverage targets, late submission of routine reports, or the occurrence of abscesses after immunization, may also indicate training needs. On the other hand, training may not be needed if poor performance is a result of lack of key supplies, or other factors beyond the health worker's control.

Training can be provided individually or in groups. Training coordinators must determine whether a training need is an individual one or is shared by a group of health workers, as shown in the examples below:

Example:

When a new programme strategy was planned to improve disease surveillance reporting, the training coordinator determined that staff in the following job categories needed training:

- Managers at all levels (to plan the improvements, to monitor reporting, to analyze and use reported data).
- Health assistants, nurses, and midwives at the peripheral level (to tally cases, to complete reporting forms, to analyze and use data they collect).

**Example:**

A manager had difficulty keeping good records of his department's expenditures; the problem was not shared by other managers. The training coordinator considered the following training solutions:

- Coaching. An experienced manager could discuss the problem with the manager having problems and guide him through record-keeping exercises.
- A self-study programme.
- A seminar, course, or workshop.

The manager and training coordinator together decided that an experienced colleague could coach the manager.

**Example:**

A training coordinator heard that parents were complaining about the abscesses their children got after immunizations. To follow up on these reports, the training coordinator spent two days visiting health centres in a district close to the capital city. She observed health workers giving immunizations and sterilizing equipment and saw that they did not follow standard procedures - for example, they did not wash needles and syringes before loading them into the sterilizer and did not time the process correctly.

The training coordinator found that health workers had forgotten what they learned in past training because they had not had access to steam sterilizers until recently. When she returned to her office, she telephoned supervisors in other areas of the country who told her that they had the same problem.

**Conclusion:** A two-day refresher course was needed on sterile injection practices and procedures for health assistants, nurses, and midwives at the peripheral level.

## 1.4 Methods for collecting information on training needs

Collection of training needs information is a year-round effort as the need for training may arise at any time. The following methods help the training coordinator learn of these needs:

**a. Participation in programme planning.**

Training coordinators should participate in programme planning meetings to keep themselves informed about changes under consideration and to advise programme managers of the needs for training that these changes might generate.

**b. Communication with supervisors.**

Training coordinators should find out about performance problems of health workers by maintaining contact with supervisors. Communication may be formal or informal, written or oral, but it must be frequent.

Supervisors in turn should bring to the training coordinator's attention discrepancies between job requirements and health worker skills. Differences can be resolved by changing the job description or training the health worker.

**c. Visits to health workers in the workplace.**

By observing health workers on the job, training coordinators can identify possible training needs, which can be discussed with health workers, supervisors, and managers.

**d. Training planning meetings.**

At least once a year, the training coordinator should hold a meeting to set priorities among training needs and plan training activities. Senior managers and supervisors should attend to ensure that training is relevant to and supported by the organization.

It is often helpful to summarize and record conclusions about the training needs of health workers on a chart as shown on the next page.

### Immunization Training Needs of Health Workers

Year: 1995

Level	Job Title	Number in post	Number needing training	Major training needs
National	Immunization programme manager	1	0	None
	Cold chain manager	1	0	None
	Other senior managers	3	0	None
Mid-level	Provincial managers	24	24	Introduction of the high risk area approach to disease control; planning of supplementary immunization activities
	District managers	12	3	Newly promoted district managers must learn tasks related to supervising health centre staff.
	Technical officers	12	1	A newly promoted district technical officer must learn how to monitor the use and maintenance of cold chain equipment by health centre staff.
	Technicians	24	6	Newly hired technicians learned basics of cold chain in pre-service training and must now learn how to operate compression refrigerators.
	Storekeepers	12	0	None
Peripheral	Nurses/midwives	300	12	Supervisory reports from district 7 indicate a widespread need for refresher training in disease surveillance and reporting.
	Health assistants	200	200	A new policy on sterilization methods means that all health assistants must learn to use steam sterilizers.
			12	12 newly-hired health assistants need a course covering all basic immunization tasks.
			20	Supervisory reports from districts 2 and 5 indicate a widespread need for training in disease surveillance.

## 2. Training goals, principles and objectives

Goals, principles, and objectives for training activities should be set in an annual training planning meeting with training staff, programme managers, supervisors, and others.

### Goals.

Goals for training activities related to immunization and disease control, although stated in different ways, usually include the following components:

- To ensure that newly graduated health workers from training institutions have the skills, knowledge, and attitudes needed to provide basic immunization and disease control services (pre-service training).
- To ensure that health workers working already in the health sector have the skills, knowledge, and attitudes needed to provide immunization and disease control services consistent with current programme targets and strategies (in-service training).

### Principles.

In addition to goals, the training coordinator should establish principles or standards to guide the training effort. The principles, which should be included in the annual training plan, might include:

- Meet the most important training needs first.
- Coordinate with other programmes, such as Maternal and Child Health, Essential Drugs, etc.; integrate training for immunization and disease control services with training for other primary health care services.
- Limit the time that individual health workers are absent from their posts for training.
- Provide a fair distribution of training opportunities among health workers.
- Recognize the importance of health workers and their supervisors in

identifying training needs and ensuring that training content is practical and relevant; recognize supervisors' role in helping health workers apply new skills on the job.

#### Training objectives.

Training objectives, set for a year at a time, are based on identified needs (see Chapter 1), programme priorities, and available resources. These are objectives for the training staff itself, not learning objectives that are set for each course (see Chapter 4). Such objectives might be like the following:

"To provide basic training in Immunization in Practice skills for at least 240 peripheral health care workers in the north-eastern provinces who have not received basic training before."

"To provide training in immunization programme management to 50 recently appointed managers at the district level in the north-east provinces."

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## 3. Organizational structure for training

The design of an organizational structure for training is another significant part of the planning effort. Training responsibilities should be defined and job descriptions written or revised to fit the structure.

### 3.1 Training responsibilities

Staff needed for training include:

- National training coordinator
- Master trainers
- Course directors
- Facilitators
- Administrative and support staff

The responsibilities associated with each position are:

#### National training coordinator.

One full-time person at the national level should be designated as the coordinator of all training activities. This person can be in charge of immunization training and disease control services alone or be responsible for other primary health care training as well.

In decentralized systems and in large countries, there may also be provincial or district training coordinators.

Major responsibilities of the coordinator include:

- Assessment of training needs.
- Development and implementation of the annual training plan.

- Coordination of training for immunization and disease control services with other in-service and pre-service health care education.
- Supervision of training staff.
- Selection and preparation of training materials.
- Selection of course participants.
- Monitoring of training quality.
- Evaluation of training effectiveness.

The training coordinator should have extensive experience in managing training and in public health management.

#### **Master trainers.**

Master trainers are expert trainers who can serve as course directors, course developers, trainers of other trainers, and facilitators.

Master trainers must have experience in the specific programme areas and training and an interest in teaching. If they do not have strong training skills, they should be given training in adult learning theory and in training techniques (see Chapter 5).

The number of master trainers will depend on the number and size of the courses that are being planned, but at least one master trainer should be involved in every course.

If there are enough training activities to warrant it, master trainers should be appointed full-time to training for continuity and consistency.

#### **Course directors.**

Course directors must have experience in the specific programme area, good training skills, and good administrative skills. They should be very familiar with the content of courses that they direct.

Course directors are responsible for pre-course preparation, facilitator training, and coordination of activities during a course. Their responsibilities are fully

described in the course director's guides included in courses such as WHO/GPV/EPI's mid-level manager training.

#### **Facilitators.**

Facilitators may be managers, technicians (e.g., equipment repair), or clinicians working at any level. They complement the skills of master trainers with their knowledge of programme operations.

Health workers can be effective facilitators in courses in which they know the content - management, technical, or clinical - if they are given an opportunity to learn the course objectives, content, and process. Facilitators are responsible for supervising participants' skill practice, evaluating their progress during training, and providing feedback.

#### **Administrative and support staff.**

The training effort may need administrative assistants, secretaries, drivers, graphic artists, translators (for course materials published in another language), and other workers. These may be employed on a full- or part-time basis, but at least one full-time administrative assistant should be available to make logistical arrangements for courses.

### **3.2 The role of national, provincial, and district managers and supervisors**

Managers and supervisors should be involved in every stage of training, from planning to post-course evaluation. Managers can contribute information about new programme objectives, current operations, new strategies, and new equipment to help the training coordinator identify training needs. Supervisors can identify performance problems and, with the training coordinator, determine whether training is an appropriate solution. They also can evaluate the effectiveness of training by observing health workers on the job and giving feedback to the training coordinator.

Managers and supervisors can also assist training coordinators arrange logistics for courses in their geographical areas. They may also serve as course directors or facilitators.

### **3.3 Training of Trainers**

#### **Training of master trainers.**

Master trainers often learn their skills in training of trainer courses conducted at

the national level. The courses provide them with the knowledge and skills needed to apply the principles of adult learning and to use a variety of teaching methods. Master trainers may also develop and increase their skills by attending external workshops, courses, seminars, and conferences.

#### **Facilitator training.**

All facilitators and master trainers should take part in facilitator training before every course in which they participate. Facilitator training will vary in length depending on the length and complexity of the course, facilitators' experience, and their familiarity with the content and methods used in the materials. However, all courses should be preceded by a facilitator training. This is essential to clarify administrative and technical issues and to ensure a uniform attitude and approach by the group of facilitators and the course director. For example, for a one-week course, three days can be adequate and for a two-week course, five days.

Facilitator training should include:

- **Familiarization with course content.** Even if they are experts in the field being taught, facilitators must learn the content of the particular course they will be teaching.
  - **Practice of training methods.** Facilitators must practice all of the teaching methods used in a course during facilitator training. Adequate time must be given for them to work through the whole course and to observe and practice each method at least once.
-

## 4. Course schedule

This chapter describes what needs to be done to achieve the training objectives set in Chapter 2, focussing on courses for in-service training. Pre-service training is addressed in *Strengthening the Teaching of Immunization Services in Basic Training Programmes*, WHO/EPI/TRAM/93.4.

To develop a course schedule for in-service training, the activities described below must be carried out. It may be helpful to use a chart in planning the course schedule. The completed chart can be included in the national training plan document. An example of such a chart is shown at the end of this chapter.

### 4.1 Decide what courses should be given

The training coordinator, in consultation with programme managers, selects courses for the year. These decisions are based on training needs assessments, training objectives, availability of resources, and availability of health workers who can be released for training.

Training provided by supervisors for health workers on the job and other informal or individualized training activities do not appear in course schedules.

### 4.2 Set learning objectives for each course

Learning objectives describe what participants should be able to do when they finish a course. They tell supervisors and managers what to expect from health workers who complete a course. If a published course is being used, learning objectives may be included in the materials.

### 4.3 Determine the duration of each course

If published course materials are being used, its duration will be indicated. Training coordinators will have to decide whether the full course or only parts of it will be used. If a new course is being designed based on the training needs assessment, an estimated duration is adequate for the national training plan.

#### **4.4 Decide how many health workers should attend each course**

This decision is based on:

1. The number of health workers that need the course.
2. The number of health workers that can be accommodated at one time. For example, because training in basic immunization skills requires intensive hands-on practice, the number of participants should not exceed 30. If 150 health workers need this training in a year, the course must be held at least five times (see point 4.4 above). Another important criterion for the number of participants in each course is the number of available facilitators to ensure that appropriate teaching methodologies can be used.
3. Criteria for selection of participants for a course. Each course will have different criteria for selection, but the basic ones include the following. Each participant should be:
  - In need of the particular training.
  - Qualified in terms of work experience, educational background, or other characteristics.
  - Recommended by his or her supervisor.

#### **4.5 Decide how many times each course will be given during the year**

This decision is based on the number of health workers that need the course (see point 4.4), programme priorities, and other courses being considered for the same target audience.

#### **4.6 Set the times and locations of each course**

In deciding when and where courses will be held, the training coordinator considers the availability of participants and facilitators, expected completion date of course materials, availability of equipment and training space, holidays, weather, and other factors.

##### **Time.**

For planning purposes, approximate dates may be given.

### Location.

In the early planning stage, it is not necessary to name the facility in which the course will be given. It is enough to identify the geographical locations.

In selecting locations, the following should be considered:

- Availability and cost of lodging, meals, and training space.
- Availability and cost of transport for participants and facilitators.
- Course requirements. For example, a course that includes clinical practice should be near a suitable health centre. If skill practice with cold chain equipment is required, the equipment must be accessible.

## 4.7 Decide what course materials will be needed

When training needs have been assessed and learning objectives set, decisions can be made about what course materials will be needed. "Course materials" refers to facilitators' guides, participant manuals, hand-outs, audio-visuals, and other learning aids.

New materials can be developed for a course; existing materials can be used unchanged; or existing materials can be adapted. Whether new or existing materials are used, they should have the following characteristics:

- Content and teaching methods should be consistent with the learning objectives.
- Skills, knowledge, and attitudes taught in the course should be relevant to participants' jobs.
- Materials should be appropriate for the educational background and job experience of participants. Facilitators' guides should be written for the part-time trainer, not the expert.
- Teaching methods should actively involve participants in learning. They should enable participants to practice new skills in realistic situations.

For management training, skill practice materials may include role plays, case

studies, exercises, and simulations in the classroom. Training materials for technicians and clinicians may include practice of skills in the classroom or in job settings, such as health centres and repair workshops.

- Materials should provide opportunities for facilitators to observe each participant's work and provide feedback on its strengths and weaknesses.

#### **Review existing courses.**

To determine whether to use an existing course or design a new one, the training coordinator should first review existing courses, using the standards above as guidelines.

Many courses that are suitable for training health workers in immunization activities are published by WHO/GPV/EPI. See Appendix B. In addition, WHO has prepared manuals on disease surveillance, polio outbreak response, neonatal tetanus case investigation, and other topics that can be used as reference material during training and on the job. WHO/GPV/EPI audio-visual aids are also available.

#### **Adapt existing courses.**

Published courses often must be adapted so that they are appropriate to the country and culture in which they will be used.

Existing materials should be checked to see if they are consistent with national immunization policies - for example, the immunization schedule or policies on contra-indications. Exercises, case studies, and examples may have to be revised to fit the situations in which health workers do their jobs. Forms appearing in the materials, such as disease surveillance report forms, may have to be replaced with those issued by the government. Translation may be necessary.

#### **Develop new courses.**

Developing new courses is time-consuming and expensive. However, when existing courses do not meet training needs, new ones must be prepared. Experienced curriculum developers should be involved in course design and materials development.

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## Course Schedule

Year: \_\_\_\_\_

Course Name	Learning Objectives	Duration + No. Times/Year	Dates + Locations	Participants + No. & Job Titles	Course Materials
VEHICLE MAINTENANCE	<ol style="list-style-type: none"> <li>1. To demonstrate ability to maintain assigned vehicles according to specifications.</li> <li>2. To detect faults and take the proper remedial action.</li> <li>3. To describe the role of drivers in maintaining the cold chain.</li> </ol>	5 days each in 5 regions this year	<p>15 January - 19 January in capital city in Central Region</p> <p>1 March - 4 March in Bo City, North Province</p> <p>20 May - 24 May in Ki, South Province</p> <p>5 June - 9 June in Jo, East Province</p> <p>25 - 29 June in Peto, West Province</p>	Drivers and Drivers Mates - 5 in each region	<p><u>Vehicle Maintenance Training Guide</u></p> <p>Manufacturer's instructions</p>

## 5. Action plan

Action plans list the activities that must be carried out to implement a training programme and the dates when the activities should be started and completed. They give planners an overview of what must be done, the sequence in which activities should happen, and how much time each activity takes. Action plans are used to determine what staff resources are needed and to estimate costs. They should be a part of every national training plan document.

Activities to be listed on an action plan for training might include:

- Write job descriptions and identify key staff for the management of training activities.
- Find and equip national training office.
- Set up a record-keeping system (courses held, dates, locations, names of facilitators/participants, etc.)
- Conduct a training needs assessment.
- Plan training of trainers course.
- Conduct training of trainers course.
- Prepare the training programmes.
- Develop the budget for training activities.

Each course to be conducted during the year should have a list of activities of its own that includes:

- Write or revise course materials.
- Translate course materials.
- Reproduce course materials - print, photocopy, etc.
- Conduct course.

One way to show an action plan is in table form, such as the one shown partially on the next page. Other action plan formats are included in Appendix C.

## Action Plan

Year	Date to Start	Date to Complete	Activities
1995	January	March	Identify training coordinator, master trainers, other training staff. Set up national training office.
	February	March	Plan training for master trainers. Plan refresher immunization course for MCH aides: dates, location, participants, facilitators, course materials.
	April	May	Conduct training of master trainers (six weeks).

## 6. Training Budget

The training plan is the basis for the training budget. The organizational structure of the training unit, number of courses planned, their location, number of participants, number of master trainers and facilitators, and other factors all affect cost. Even the type of training and the qualifications required of the training staff have cost implications; some types of training are more expensive than others because they require field trips or expensive equipment. If highly experienced training staff are used, the cost of labour may increase.

For these reasons, a training budget should be estimated as part of planning to be sure that there is enough money to implement the plan. If not, the plan must be adjusted so that it reflects budget realities.

The contents of the budget, its format, and the way that costs are estimated will depend on government requirements, but the following costs are typical.

### 6.1 Capital Costs

Capital costs for training can include the cost of vehicles or of equipment, such as projectors for overheads or slides, video monitors, word processors, or photocopiers, if they are purchased solely for training purposes. If use is shared with other functions, the amount allocated to training should be shown.

### 6.2 Recurrent Costs

#### Labour:

(The salaries of part-time training staff are calculated by multiplying the number of days they are expected to spend on training by their daily rate.)

1. Training coordinator
2. Master trainers
3. Course directors
4. Facilitators
5. Administrative staff, e.g., secretaries
6. Support staff, e.g., drivers
7. Others, such as curriculum developers

**Per diem:**

To cover lodging and meals. Number of days multiplied by daily rate multiplied by the number of training staff and participants.

**Supplies:**

1. Training materials - purchase price, shipping, reprinting
2. Training supplies, e.g., pencils, paper, looseleaf binders, etc. for trainers and participants
3. Office supplies

**Vehicle costs:**

Fuel, maintenance, and repair costs

**Travel:**

Number of trips multiplied by fare or in the case of government vehicles, number of kilometres multiplied by rate. (Includes cost of travel for training, needs assessment, evaluation, meeting, and other training purposes.)

1. Trainers
2. Participants

**Rental costs:**

1. Equipment rentals
2. Training facility rentals

**Other recurrent costs:**

1. Printing, reproduction of training materials
2. Communication costs (postage, telephone, fax, etc.)
3. Miscellaneous, e.g., cost of special opening and closing ceremonies, refreshments.

In addition to costs, the training budget should state how much of the cost will be covered by government funds and how much by non-governmental organizations (NGOs) and other external donors.

Depending on national practice, the budget may be included in the national training plan or packaged separately.

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## 7. Evaluation of the training plan

Two kinds of evaluation are involved in training: 1) evaluation of the effectiveness of individual courses; and 2) evaluation of the training plan, including the cost.

### 7.1 Evaluation of individual course effectiveness<sup>3</sup>

Methods for evaluating the effectiveness of a course are identified during course development. Any special evaluation instruments that might be needed, such as feedback sheets or course evaluation forms, are prepared at that time. Facilitators' evaluation responsibilities are discussed during facilitator training.

The most commonly used methods for evaluating course effectiveness include:

- Reaction evaluation - to determine participant satisfaction with a course.
- Learning evaluation - to determine how much participants have learned during a course.
- Performance evaluation - to determine how much participants are able to use their new skills and knowledge on the job. Supervisors play a major role in this type of evaluation.

### 7.2 Evaluation of the training plan

Training planning is evaluated by determining whether courses were carried out as planned, whether training objectives were met, and whether costs were within the budget.

**Whether courses were carried out as planned.**

Course directors should report the following to the training coordinator at the end of each course:

- Name of the course.

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<sup>3</sup> Course evaluation is described fully in the publication, *Training Evaluation: A guide to the evaluation of training courses on immunization and other disease control activities*, WHO/EPI/TRAM/95.3.

- Location.
- Dates and duration.
- Number of participants, whether all participants who were scheduled to attend actually came. What substitutes were made, if any.
- Names, posts, and addresses of participants.
- Names of the course director, facilitators, administrative staff attending the course.

Most important are course directors' reports on course achievements and shortcomings. They should report whether learning objectives were met by all participants, and if not, why not and what was done for those who did not meet the objectives. If changes were made in content or materials, the course director should discuss them and should also make recommendations for improvement.

The training coordinator uses these data for assessing training as a whole, for planning, and for improving training.

#### **Whether training objectives were met.**

The training coordinator will assess whether the national training objectives (Chapter 2) were met by looking at what has been accomplished in training as a whole. This assessment should answer the following questions:

- Were planned activities (Chapter 5) carried out within the time frame? If not, explain why and what effect this had on the rest of the plan.
- Was the number of courses that were planned actually conducted? If not, explain why and what effect this had, on service delivery and the budget.
- Was the total number of participants trained during the year the same as the number anticipated? If not, explain why and what the impact was.

#### **Whether actual costs were within the budget.**

The training coordinator should also assess the actual costs of training and compare them with estimated costs. He or she should know which areas were underfunded and which line items were not used and be able to explain discrepancies.

### 7.3 Use of evaluation data

The most important reason for collecting and analyzing the data described above is to improve training. Such improvements might include:

- To assess training needs more carefully.
  - To involve supervisors more in training planning and evaluation.
  - To reduce or increase the number of courses held.
  - To change the process used for selecting facilitators.
  - To change the duration or content of facilitator training.
  - To reduce or increase the number of participants invited to specific courses.
  - To avoid certain times of the year for scheduling courses.
  - For individual courses, to revise training material.
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## 8. The national training plan document

Planning national training consists of the seven activities described in the first seven chapters of this guide. After completion of the planning process, training coordinators should summarize the key conclusions resulting from these activities in a document called the "national training plan". The national training plan can be used as:

- A reference throughout the year;
- An evaluation tool to compare what was planned with what was accomplished; and
- A guide to help agencies within and outside of the government make funding decisions.

A national training plan should contain the topics covered in each chapter of this guide:

1. Training Needs Assessment
  - A list of training needs
  - An explanation of why these needs exist
  - The job categories and number of health workers needing training
2. Training Goals, Principles, and Objectives
3. Organizational Structure for Training
  - Training staff categories
  - Responsibilities of each category
  - Number of individuals in each category and the names of people in senior training staff positions
  - If applicable, the plans for training master trainers
4. Course Schedule (chart)

5. Action Plan (chart)
6. Training Budget
7. Evaluation of the Training Plan
  - Evaluation of previous year's plan
  - Description of improvements to be made based on this evaluation

To complete a national training plan is a satisfying moment! However, training planning is not finished when the document is approved and circulated. As soon as a plan is approved, the activities described in it must be implemented. The training coordinator then monitors implementation through:

- Course reports
- Feedback from course directors, facilitators, participants, and supervisors
- Observation of courses in progress
- Visits to health workers in their places of work
- Programme reviews

Information obtained throughout the year is used to make adjustments in training while it is going on and in revising the training plan for the next year. Planning for training is an ongoing activity!

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## Definitions

<b>Active learning</b>	Learning is accomplished by doing and experiencing as compared to listening, reading, viewing audio-visual materials, and other passive methods.
<b>Assessment</b>	The measurement of an individual's skills, knowledge, or attitude. Sometimes used interchangeably with <u>evaluation</u> .
<b>Course director</b>	Person responsible for managing a course.
<b>Evaluation</b>	The process of collecting data and using them to make decisions.
<b>Experiential learning</b>	See Active Learning.
<b>Facilitator</b>	A trainer who functions in a way that allows participants to assume responsibility for their own learning.
<b>Feedback</b>	Data <u>received from</u> or <u>given to</u> participants concerning achievements, behavior, or other matters in a training situation.
<b>Health worker</b>	In this guide the term is used in a generic sense and includes senior level managers and storekeepers as well as physicians, nurses, and health assistants.
<b>In-service training</b>	Training that takes place after a person enters the health care system as a health worker. In-service training includes orientation, on-the-job training, and workshops, as well as courses.
<b>Monitoring</b>	The process of checking on an activity to make sure that it is going as planned.
<b>Participative learning</b>	Training in which participants are given the opportunity to assume responsibility for their own learning.

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<b>Pre-service training</b>	Training that takes place in a school, university, or other institution to qualify a person for work in the health care system.
<b>Simulation</b>	A training activity designed to reflect reality.
<b>Supervision</b>	The process of helping people improve their work performance.
<b>Training Coordinator</b>	The staff member at the national, provincial, or district level who is responsible for planning and managing training.
<b>Training Evaluation</b>	An appraisal of the effectiveness of a course, focussing on participants' achievements in reaching learning objectives and their ability to perform new skills on the job.
<b>Workshop</b>	A highly participative effort in which people meet to plan or to solve a particular problem. Also used to describe a small group brought together to learn skills by doing them.

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## Appendices

**Appendix A: Job Description Form**

**Appendix B: WHO/GPV/EPI Training Materials**

**Appendix C: Action Plans - Examples of Formats**

## Appendix A

### JOB DESCRIPTION

POSITION TITLE:

GRADE:

QUALIFICATIONS:

SKILLS REQUIRED:

PRINCIPAL DUTIES:

SUPERVISED BY:

#### ACCEPTANCE OF RESPONSIBILITY:

We certify that the contents of this job description have been fully discussed and understood:

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

Employee: \_\_\_\_\_

Date: \_\_\_\_\_

## Appendix B

### WHO/GPV/EPI training materials

#### Courses

##### *Immunization in Practice.*

This course is designed for nurses, health assistants, and other health workers who are responsible for carrying out the day-to-day activities of an immunization programme. After completing this 10-day course, the participant is expected to have the knowledge and skills required for providing immunization services at the health centre level.

WHO/EPI/PHW/84 - Revised 1987

##### *Training for Mid-Level Managers.*

A course of thirteen modules designed for nurses, senior health assistants, and physicians managing immunization services at the health centre or district level. After completing the course, participants should be able to carry out the tasks necessary to manage an immunization programme.

WHO/EPI/MLM/91.1-13

##### *Planning Workshop for District-Level Managers.*

This workshop is designed for teams of district-level managers to assess the implementation of selected immunization programme activities in their districts and to plan improvements.

WHO/EPI/TRAM/92.2

##### *Logistics and Cold Chain for Primary Health Care.*

This one-week course prepares nurses, health assistants, storekeepers, and other health workers to manage supplies for immunization and other primary health care services.

WHO/EPI/LOG/84/01-27

##### *Technician's Handbooks for Compression Refrigerators.*

This course of seven modules is designed for repair technicians, drivers, and health workers with an interest in repairing job-related equipment. After completing the course, participants should be able to carry out repairs, find and diagnose common problems, and order spare parts for compression refrigerators.

WHO/EPI/TECH.HB/A-G

##### *User's Handbooks for Refrigerator Maintenance and Repair.*

This course prepares nurses, health assistants and others who care for cold chain equipment in health centres or district stores to maintain and repair refrigerators.

WHO/EPI/LOG/84.14, 15, 16, 17, 18, 19, 21, 22 & 26

##### *Instructions for the use of steam sterilizer and sterilizeable plastic syringes.*

This module is designed for training nurses, health assistants, and others responsible for sterilization of injection equipment in health centres and outreach immunization sites. After completing the module, participants are able to steam sterilize needles, syringes, and other injection equipment.

CCXT 04 (Prestige Medical version)

CCXT 05 (CertoClav version)

## Audio-Visual Materials

**Slide set:** *Recognize the disease.*

Provides health workers with information on how to recognize the six EPI target diseases.

Cat. ID # 055

**Slide set:** *The cold chain.*

Shows health workers who are responsible for managing supplies how to handle vaccine properly and to maintain cold chain equipment.

CCSS /01

**Slide set:** *The Child, Measles, and the Eye.*

This slide set is about measles and its potentially harmful effect on the eyes of children. The target audience includes health workers involved in immunization activities, nutrition education, maternal and child health, and others involved in primary health care. A booklet accompanies the slide set.

Cat. ID # 056

**Video/film:** *How vaccines are made.*

For health workers and others who work with vaccines, this film illustrates the difficulty of manufacturing vaccine and why vaccines must be handled with care.

CCV/01 (Video) - 16 mm film version available on loan

**Video/film:** *How vaccines should be handled.*

This film shows health workers involved in vaccine delivery how to distribute vaccine from arrival in country to the point where it is used.

CCV/02 (Video) - 16 mm film version available on loan

**Video/film:** *The cold chain.*

A cartoon illustrating some of the problems involved in managing the cold chain; for health workers and parents bringing their children for immunization.

CCV/03 (Video)

CCF/03 (16 mm film)

For more information about documents and materials produced by the Expanded Programme on Immunization see GPV Catalogue 1995, code WHO/GPV/95.04

All of the materials listed above can be obtained from country, regional, or global World Health Organization offices. The address of the global headquarters is:

Expanded Programme on Immunization  
Global Programme on Vaccines  
World Health Organization  
1211 Geneva 27  
Switzerland

## Appendix C

### Example of Action Plan format



