

ANNEXURE—2

ROUND 9 TRAINING PLAN COMPONENTS

2. How are the PR and SRs monitoring training outcomes and the effectiveness of the training events?

PR Response:

Once the trainees start program management/implementation/M&E, their performance will significantly impact the overall achievement of the project goal/objectives. Lack of training and/or poor training content/methods end up with personnel not able to fulfill their job responsibilities in efficient manner impacting achievement of desired results.

Effectiveness of each training will be measured through collection and analysis of information regarding: trainee reaction/feedback on training method/content/trainers; extent of improvement in trainee knowledge and skills, positive behaviour/attitude change as a result of the training; application of acquired knowledge and skills in the workplace; and project outputs and outcomes.

The information sources and timelines for collection are mentioned below.

Information source	Timeline
Completed trainee feedback form including trainer effectiveness rating	At end of training
Report of focus group session with trainees/report of interview with trainees	At end of training
Completed pre-test form	At start of training
Completed post-test form	At end of training
Completed supervisor/observer checklist on conduction of training, venue ¹	At end of training
Completed supervision report/checklist on 'on-the-job' assessment of trained personnel/consultant/volunteer in the area of field visit including completion on sample basis self-assessment questionnaire (related to knowledge and skills) by (randomly) selected trained personnel/volunteers	As part of supervision and monitoring ²
Performance review of trained personnel/consultant/volunteer ³	At end of year 1/and as part of supervision and monitoring, as applicable
Health facility survey*	At the end of phase 1 of project**
Household (client--patient/community) survey*	At the end of phase 1 of project**

*: Key methodologies will include, observation, review of records/reports, interviews

***: To be conducted by NVBDCP and facilitated/supported by Caritas India consortium.

¹ Visit by PR as well as SRs (district/regional/central level project personnel/consultants) to training venues as an observer on sample basis planned as trainings of CHV/ASHA are conducted. Such visit will also be synchronized with field visits by project personnel/consultants, as practicable. Budget provision for field visit exists under Round 9.

² Supportive supervision of trained staff will be carried by PR as well as SRs (district/regional/central level project personnel/consultants) during their field visits. Budget provision for travel exists under Round 9.

³ Performance review at the end of year 1 of existing project personnel up to district level (till Field Supervisor level) will be conducted by the concerned reporting authority against the assigned responsibilities. Performance of Cluster Coordinators/CHVs at the grassroots will be reviewed on regular basis by the respective Field Supervisors on sample basis through on site visits by them. In addition, field visit checklist of the district/regional/central level project personnel/consultants will include assessment of selected Cluster Coordinators/CHVs. Budget provision for district/regional/central level project personnel/consultants/Field Supervisors exists under Round 9.

Findings from the analysis are expected to reflect whether there is a gap in the training system/method and/or content/curriculum and plan further orientation/refresher training. The analysis will focus on scoring on a 5-point scale prior and subsequent knowledge and skills; transfer of training to job; performance vis-à-vis training imparted. It is expected that the trainees should be able to remember, understand, apply the learning and will also be able to participate in necessary analyzing/synthesizing, evaluation activities.

All trainings are in line with the national programme's strategic action plan that emphasizes on trainings to inculcate/improve knowledge and skills, especially in the light of scientific and technical advances, as well as to motivate personnel for discipline, diligence and dedication in their work.

To avoid duplication of trainees, each trainee will be provided with a unique trainee identification number (TIN) on the registration form as described in Project Implementation Plan and project M&E plan. Such TIN along with trainee name, city/village name/block (PHC) name and district name, as applicable, will attempt to uniquely identify a trainee and avoid duplication.

Training related data will be uploaded onto project MIS and verified/validated at various reporting levels.

During supervision and monitoring visits, training records (forms, etc.), reports will be checked. In addition, interaction with a sample of trainees will be carried out.

Besides, the problem of possible duplication in training of community health volunteer/ASHA will be resolved by cross-matching/discussing the training records/reports every month at every level by the relevant personnel (Cluster Coordinator/Field Supervisor/Data Entry Operators/others) of the Caritas India consortium.

Training will be one of the agenda of planning and review meetings in each month at district level as well as feature in Project Working Committee/M&E Technical Working Group/ Project Steering Committee meetings in each quarter at national/regional level.

The training load of untrained ASHA will be requested from NVBDCP, ensuring that ASHAs trained by the programme are not included.