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DEVELOPMENT TRAINING II PROJECT

Monitoring and Evaluation System

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The HERNS Project

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ATTACHMENTS

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ABBREVIATIONS AND ACRONYMS

CEP	Cairo Evaluation Prototype
FP	Family Planning
GOE	Government of Egypt
HBCU	Historically Black Universities and Colleges
HERNS	Human and Educational Resources Network Support
HRD	Human Resources Development
IT	Information Technology
M&E	Monitoring and Evaluation
MIS	Management Information Systems
MOH	Ministry of Health
PDF	Participant Data Form
PI	Partner Institution
PIO/P	Project Implementation Order for Participants
PTMS	Participant Training Management System
RP	Results Package
SO	Strategic Objective
TCA	Training Cost Analysis
USAID	United States Agency for International Development

SECTION I: OVERVIEW OF THE MONITORING AND EVALUATION SYSTEM

Past approaches to project design often included an "add training and stir" element. The benefits of training were assumed rather than understood and the connections between project or program outcomes and training activities were more hopeful than determined. The Project M&E System disconnects from this approach and replaces it with a systematic and conscientious system for orienting training to results and for connecting previously disjointed phases of the training cycle.

This report contains four sections corresponding to the four deliverables listed in the HERNS Evaluation Team's Scope of Work: I. Overview of the Project's Monitoring and Evaluation System; II. Generic Indicators for Results-Oriented Training; III. Establishing Specific Indicators for Measuring the Impact of Results-Oriented Training; and IV. Illustrative Monitoring and Evaluation Instruments.

The Project will integrate data on trainees and training activities from several sources into a unity M&E System. This report begins with an Overview section that presents a general description of the system. It describes the Project's M&E System's purpose, conceptual framework, clients, menu of services and defines key terms and issues. The Generic Indicators section identifies standard indicators that can be used to monitor and evaluate results-oriented training across strategic objectives and results package. The Establishing Specific Indicators section presents a preliminary design for an externally facilitated process to be used by Strategic Objective (SO) Teams to define micro-indicators for measuring impact of training. The Illustrative Instruments Section presents examples of instrument items for the results-oriented indicators.

A. Purpose of M&E System

The purpose of the Project's M&E System is to help USAID make informed decisions about training. During its seven years, the Project will provide training administrators and managers with the basic information they need to monitor trainees effectively. In addition, by evaluating activities at each phase of the training cycle, the Project will be able to provide decision makers with the information they need to improve performance at each phase. Finally, by evaluating the impact of the training, the Project will be able to provide SO teams and Mission management with information they need to make better informed decisions about planning and allocating resources for training.

B. Key Terms and Concepts

The Project's M&E System attaches specific meaning to the following terms and concepts:

Results-Oriented Training refers to training activities linked to specific Results Packages and Strategic Objectives. For the Project, the success of results-oriented training is expressed and measured in terms of impact on performance of returned trainees and the partner institutions that employ them.

Customers are the men and women of Egypt whose standards of living and quality of life is intended to improve from USAID interventions. In the past, these people have been referred to as "beneficiaries."

Clients of M&E services are the people who can demand its services. In this context, clients include SO teams, project officers, Mission management, training officers, the Contractor, and USAID/Washington.

Training refers to in-country, third country and U.S. based programs. At this point the M&E system does not specify which aspects of the Project's M&E System apply to each type of program; Mission management will need to make decisions in this regard.

Trainees are the Egyptians who participate in training programs. They are the people whose technical, organizational, and managerial performance will be improved in an effort to contribute to improved the performance of the organization that employs them.

Training Providers are institutions responsible for conducting training.

Partner Institutions are the organizations where the trainees work.

Counterparts are the institutions that are responsible for managing, supervising and supporting partner institutions. Often, it is the counterpart and not the partner institutions that serve as the link to USAID.

Contractor is the organization that will implement all of the training services that fall under the training component of the Project including operating and managing the M&E System.

Monitoring means keeping track of people, documents, organizations and activity flows in order to ensure that key events are happening on schedule, in compliance with regulations, in sequence and up to standards. Monitoring information is used to improve the performance of trainees, training providers, the Contractor, and the management of training.

Evaluation means examining results to see if the training had the desired outcomes. For results-oriented training, the most significant training outcomes are those which improve the workplace performance of returned trainees and the institutional performance of the partner institutions that employ them. Evaluation information is used to reach general conclusions regarding the value-added of training and to make broad brush decisions about allocation of resources among interventions at the results packages level.

C. Conceptual Framework

Conceptual frameworks are the logical structures or organizing principles that show (1) the relationships between events that otherwise might be viewed in isolation, and (2) the differences between events that otherwise might be lumped together. For example, the conceptual framework for the Project's M&E System shows: (1) shows the connections between events that occur at each phase of the training cycle and (2) distinguishes between different kinds of training results.

1. Organizes the integrated M&E system around the phases of the training cycle:

From preliminary planning through workplace application of new skills, training programs stretch over a long period of time. Because training for result begins in the earliest planning phases, the Project's M&E system begins to monitor and evaluate key aspects at the planning levels. The Project continues to monitor how these aspects are put into place during the implementation phases to learn if the threads that connect plans to results are ruptured. Post-training, the Project continues to monitor and evaluate the application of content mastered during the implementation phase. To reach reliable conclusions about the value-added of training, the Project continues to monitor and evaluate the impact of training on returned trainee performance, and the impact of training on the performance of partner institutions. By

comparing the lessons learned from hundreds of training programs, the Project's M&E System can also learn which events at each phase of the cycle are critical for eventual impact on workplace performance.

At any one time, the Project's M&E System may be monitoring and evaluating hundreds of training programs and scores of trainees each at a different phase of the training cycle. As lessons are learned from more "mature" programs, these can be applied to improve the likelihood of future programs attaining the desired results.

The following is a schema of the training cycle and a few key M&E events:

- Planning strategic, tactical and operational;
key M&E activities include clarifying link of training to SO,
establishing indicators and collecting available baseline data;
 - Implementing pre-departure, training provision, re-entry, follow-up;
key M&E activities include collecting trainee biographical data, pre-
training and end-of-training evaluation data;
 - Applying post-training application of new skills to workplace.
key M&E activities include follow-up questionnaires, interviews,
focus groups, and institutional case studies;
 - Achieving Inter- trainee performance improvements;
Results key M&E activities include follow-up questionnaires, interviews,
(Individual) focus groups, and institutional case studies;
 - Achieving Inter- partner institution performance improvements;
mediate Results key M&E activities include follow-up questionnaires, interviews,
(Institutional) focus groups, and institutional case studies;
-
- Realizing Results impact on customers and achieving SOs; key activities should be
included in M&E plans for results packages and SOs.

[NOTE: The M&E System will not collect data on the highest results level.]

2. Distinguishes between four levels of training effects:

The Project's M&E System distinguishes between four kinds of training results, collects and analyzes information about each kind of result, and reports the information to different decision-makers who use it for different purposes.

- Satisfaction To what degree did the participant like the training?
Used primarily by training providers and Contractor during the
implementation phase to improve training implementation.

- **Acquisition** To what degree did the participant master the training content?
Used primarily by training providers and during the implementation phase by the Contractor to improve training implementation.
- **Application** To what extent did the trainee use the content in the workplace?
Used primarily by Mission staff to assess the effectiveness of training programs.
- **Impact** To what degree did training application improve performance among trainees and partner institution, and contribute to achievement of SO results?
Used primarily by Mission staff to assess the value-added of training during the intermediate-results phases.

The M&E System will evaluate training at all four levels. Satisfaction and Acquisition will be assessed during the Implementation Phase, Application and Impact during the Intermediate Results Phase.

D. System Components

In its simplest form, the integrated M&E system consists of clients, services, data sources, storage, information technologies (IT), intelligence, and reports.

Clients are people who can demand M&E System services. Clients use selected aspects of the M&E system to track participants for administrative purposes, evaluate the phases of the training cycle in order to improve performance, and judge the effectiveness of training in terms of trainee and institutional performance. In this context, clients are SO teams, project officers, Mission management, training officers, the Contractor, and USAID/Washington.

Services include data collection, storage, data analysis and reporting as well as technical assistance to SO Teams and Mission management. Some M&E System services will be standardized and others will be customized. The chart on the following page presents the Menu of Services available from the Contractor at each phase in the training cycle.

Data sources are people who provide information through questionnaires, interviews, case studies, and focus groups; documents such as action plans and training designs that can be reviewed; and databases that can be queried for relevant data.

Storage is the capability for retaining and retrieving data using electronic and non-electronic media.

Information Technologies (IT) refer to the software, computers, networks and peripherals the M&E System will use to manage standardized information on training. Already in use USAID-wide is the automated Participant Training Management System (PTMS). IT offer an opportunity to add a layer onto PTMS. This add-on layer, called the Cairo Evaluation Prototype (CEP), will monitor particulars such as trainee satisfaction, up-dated biodata information including career path changes, as well as impact data.

Intelligence is both the conceptual framework around which the M&E system is organized and the analytical tools used to turn data into information and information into reports for action.

Reports are the mechanisms by which clients of the M&E system receive needed information in a useful format.

E. Menu of Services

The chart on the following page illustrates the potential range of services that the Project's M&E System could provide to its clients. The blank cell represents areas where the Project could potentially provide services. The row headings indicate at which phase in the training cycle the service could be provided. The column headings distinguish between Standardized Services, which are automatically applied to every training activity under the purview of the Project, and Customized Services. Standardized Services include routinely collecting, storing, analyzing and reporting on functions at the planning, implementing, and achieving intermediate results phases. In addition, M&E System clients may request Customized Services such as:

Process Consultation: The Project's M&E System serves as a resource for in-house technical assistance on processes used to plan and implement result-oriented training. These services will include assistance in micro-level needs assessments, the training dimensions of strategic planning, and training design.

Evaluation Research Design: Clients may request help with designing research to measure the impacts of training through institutional case studies, on-site observations, longitudinal impact studies, institutional self-studies, or other non-standardized research and reporting formats. The Project's M&E System can provide technical assistance on designing customized evaluation research. Clients may then use with the Project or other research providers to carry out evaluation research.

Information Collection: In cases where clients use the Project to collect evaluation research information, the M&E System can develop appropriate customized instruments, contract and/or train field researchers, and scrutinize information collected for reliability and validity.

Analysis and Report Writing: The Project's M&E System can also analyze and report on data collected for customized research evaluation.

TABLE 1
MONITORING AND EVALUATION SYSTEM - MENU OF SERVICES

Phases in Training Cycle	Standardized Services				Customized Services			
	Collect	Store	Analyze	Report	Process Consultation	Evaluation Design	Information Collection	Analysis/ Reports
I. PLANNING								
Strategic								
Tactical								
Operational								
II. IMPLEMENTATION								
Trainee Biodata								
Trainee satisfaction								
Trainee skills mastery								
Partner instit. data								
Training provider data								
Provider assessment								
Orientation effectiveness								
Admin. follow-up								
III. INTERMEDIATE RESULTS								
Training application								
Trainee performance								
PI performance								
IV. RESULTS								
Impact on customers								
Achievement of SOs								

E. Next Steps

Key issues that need to be addressed prior the Project's start date include:

1. A Demand Analysis for M&E Services should be undertaken as soon as feasible. Given that most SO Teams have not yet completed their strategic designs, identified their collaborating and partner institutions, or undertaken a micro-level training needs assessment, there is still uncertainty about the volume of demand for M&E services.

Monitoring and evaluation of long and short-term overseas and third-country training will be accomplished through the Project's M&E System. But, it is still unclear how many trainees will participate in this kind of activity. Additionally, the level of in-country training activity will be enormous. The role of the Project in monitoring and evaluating in-country training activities is still to be defined.

A demand analysis of M&E services should be conducted as soon the micro-level needs assessments are completed and decisions made about the monitoring and evaluation of in-country training. Results of the demand assessment will provide information critical to designing the Project's operations and management system.

2. A capacity analysis of the existing M&E System should be undertaken as soon as feasible. The PTMS component of the Project's M&E System is already in place. Added to this core database will be the CEP in which standardized items not already included in PTMS will be stored for analysis. It will also be necessary to conduct a system capacity analysis of the current PTMS in order to determine which kinds of IT upgrades are required to meet the projected demand for services.

3. Scope of the M&E System should be determined. Mission management should decide the circumstances under which the Project's services will be made available to technical projects whose training is managed by an entity other than the Project's Contractor.

4. Operations and management plans should be developed. As soon as possible, the Contractor should clarify issues such as: how USAID clients will access the services; how activity flows will be developed and managed; and how the M&E System will manage its own growth and development. Given the breadth of services offered and the potential depth of the demand for M&E across the Mission, criteria and processes need to be developed for prioritizing demands, generating realistic timetables for deliverables, and distributing workload. The relationship between the Project's M&E System and other Mission evaluation activities is still to be defined by Mission management.

SECTION II: GENERIC INDICATORS FOR RESULTS-ORIENTED TRAINING

Indicators are gauges of progress towards goals. For the Project, generic indicators are measures that can be applied Mission-wide to training activities across strategic objectives and results packages. The Project's M&E System will use generic indicators at each phase of the training cycle to monitor and evaluate: the performance of trainees, training providers and the Contractor; the impact of training on performance of returned trainees and partner institutions; and the management of re-engineered training design and implementation processes; as well as to keep track of thousands of trainees in compliance with USAID regulations.

This section proposes a preliminary set of generic indicators for the Contractor to use to monitor and evaluate results-oriented training. Specific indicators will be developed by SO/RP teams, as discussed in Section III of this report.

The Project M&E System will combine the generic indicators with specific indicators that will be individualized for training within particular strategic objectives and results package activities. By combining generic and specific indicators, the Project's M&E System will provide decision makers and managers with powerful information tools to help them monitor, evaluate and improve the effectiveness of results-oriented training.

A. Table 2: Generic Indicators - Narrative Description

The table on the following pages contain four columns. The first column indicates the **Phases** of the training cycle to which the indicators apply. The second column lists **Proposed Indicators** for each phase of the training cycle. The **Representative Rationales** column describes how the monitoring and evaluation information will be used. The **Preconditions** column lists conditions that must be met or events that must be completed before data can be collected or interpreted.

1. Phases of the Training Cycle

Please refer to the conceptual framework presentation in Section I of this document for a description of the phases.

2. Proposed Indicators

In this column are a set of proposed indicators that can be used to monitor and evaluate any training activity. At each phase of the training cycle, the set aggregates generic indicators used for tracking trainees, monitoring and evaluating the performance of providers and contractors, and assessing the results on workplace performance improvements.

3. Representative Rationales

One determining principle of the Project's M&E System is that information will be gathered only if it will be used for some clear, predetermined purpose. In other words, how information will be used to make decisions must be articulated before it is gathered. The Representative Rationales column lists ways that decision makers can use the information collected by the Project's M&E system. This list includes:

- Monitoring performance of trainees
- Monitoring the performance of training providers
- Monitor the performance of the Contractor
- Monitor compliance with USAID and Mission regulations
- Evaluate the impact of training on returned trainees' workplace performance
- Evaluate the impact of training on partner institution's performance
- Link impact of training to Strategic Objectives
- Improve the management of training
- Improve administrative tracking of trainees

4. *Preconditions*

This column lists tasks that are to be completed or conditions that must exist before data can be collected on certain indicators. For example, before the M&E System can assess whether training "candidates were selected according to SO/RP criteria" (the indicator), the "recruitment and selection procedures and criteria [must be] established" (the precondition). In some cases it is the responsibility of the Contractor to ensure that the preconditions are met, while in others it is USAID or the partner institution's responsibility. Those preconditions that are the Contractor's responsibility should be included in their scope of work.

5. *Highlighted Results-oriented Indicators*

This table presents in ***boldface and italic*** fonts those indicators and preconditions particularly germane to results-oriented training. In other words, indicators especially relevant to evaluating the impact of training on improved performance of returned trainees and the partner institutions are highlighted. In that the conditions for impact are set in the planning phase, integrated into the implementation phase and observed in the intermediate results phase, taken together, these highlighted indicators illuminate a "critical path" towards results-oriented training.

TABLE 2
PROPOSED GENERIC INDICATORS FOR PERFORMANCE AND RESULTS

PLANNING PHASES

Outcome: Improved strategic, tactical, and operation planning for training activities

PHASE	PROPOSED INDICATORS	REPRESENTATIVE RATIONALES FOR COLLECTING DATA	PRECONDITIONS
Strategic Planning	Preconditions met (compliance not tracked by Project M&E System)	To link impact of training to SOs	Mission strategic plan addressed training issues and plans
	Preconditions met (compliance not tracked by Project M&E System)	To link impact of training to SOs	Evaluation plans for SO/RPs included training impact assessments
	Preconditions met (compliance not tracked by Project M&E System)	To improve management efficiency and reduce costs	Training cost projections based on Annual Mission Training Plan
	Preconditions met (compliance not tracked by Project M&E System)	To link impact of training to SOs	Annual Mission Training Plan developed that coordinates training activities with SO/RPs
	<i>Training plans developed by SO/RP teams that link training to SOs</i>	To link impact of training to SOs	
	<i>Specific indicators established that are based on micro-level needs assessments and that link training to results</i>	To link impact of training to SOs; To evaluate impact of training on PI	Partner institutions (PI) and counterparts targeted
Tactical Planning	<i>Specific indicators refined to address desired changes in performance of trainee and PI and entered into CEP</i>	To evaluate impact of training on trainees and PIs	
	<i>Partner institution baseline data collected</i>	To evaluate impact of training on PI performance	
	HBCU requirement met; gender target met; third-country training requirements complied with (e.g., Geographic code 941, donor exclusion, travel restrictions)	To monitor compliance with USAID regulations	
	Training costs estimated in TCA format (as required)	To monitor compliance with USAID regulations; To improve management efficiency/reduce costs	
	Preconditions met (compliance not tracked by Project M&E System)	To monitor and evaluate performance of Contractor	Contractor management and implementation plan established

PHASE	PROPOSED INDICATORS	REPRESENTATIVE RATIONALES FOR COLLECTING DATA	PRECONDITIONS
Operational Planning	Nominees tested (language and aptitude); nominees received necessary language training	To monitor compliance with USAID regulations; To monitor and evaluate performance of Contractor	
	Candidates selected according to SO/RP criteria;	To monitor and evaluate performance of Contractor	<i>Recruitment and selection procedures and criteria established</i>
	Trainee and PI notified of selection and of processing requirements	To monitor compliance with USAID regulations; To improve administrative tracking of trainees	
	Documentation completed in timely fashion (PIO/P, MedCert, IAP 66A, J1 Visa, PDF, Dependent Waiver, PhD clearance, etc.)	To monitor compliance with USAID regulations; To improve administrative tracking of trainees; To monitor and evaluate performance of Contractor	
	HAC enrollment initiated	To monitor compliance with USAID regulations	
	Training providers selected using established criteria	To monitor and evaluate performance of Contractor	Training provider selection criteria established
	Quality standards applied to set performance indicators for training providers	To monitor and evaluate performance of training provider	<i>Quality standards established for use by training provider in design and delivery of training</i>
	Enrollments negotiated	To monitor performance of provider and Contractor	
	<i>Training Action Plan signed by all stakeholders that specifies the links to SOs, the anticipated performance changes of the trainee and PI, and includes the Conditions of Training form</i>	To monitor trainee, provider, Contractor performance; To monitor compliance with USAID regulations; To evaluate impact of training on PIs; To link impact of training to SOs	Standardized Training Action Plan format developed
	Participant Training Budget Worksheet prepared, up-dated, and transmitted	To monitor compliance with USAID regulations; To improve management efficiency and reduce costs	

IMPLEMENTING PHASES

Outcome: Improved management of trainees and training provision

PHASE	PROPOSED INDICATORS	REPRESENTATIVE RATIONALES FOR COLLECTING DATA	PRECONDITIONS
Pre-Departure	Travel arrangements made in compliance with American flag carrier regulation; established maintenance allowance rate provided to trainee; clearances obtained	To monitor compliance with USAID regulations	
	Pre-departure orientation conducted to meet established performance standards and trainee satisfied with orientation	To monitor and evaluate performance of Contractor	Performance standards established
	<i>Training Action Plans refined</i>	To monitor performance of trainees and Contractor; To evaluate impact on trainees and PIs	
	Trainee data entered into PTMS	To improve management and to improve administrative tracking of trainees	PTMS established
	Emergency contact information maintained	To monitor compliance with USAID regulations; To improve administrative tracking of trainees	
Arrival	Arrival and escort services provided	To monitor performance of Contractor	
	Arrival and program start verified	To monitor compliance with USAID regulations; To improve administrative tracking of trainees	
	Arrival orientation conducted to performance standards	To monitor and evaluate performance of training provider or Contractor	Performance standards established
In-training	Trainees contacted by Contractor as required	To monitor performance of trainees and providers; To monitor compliance with USAID regulations	
	<i>PI maintained regular contact with trainee</i>	To evaluate impact of training	
	Trainee performance reviews conducted	To monitor performance of trainees; To monitor compliance with USAID regulations	
	Contractor/provider counseled trainees on problems in compliance with established parameters	To monitor compliance with USAID regulations	Parameters established for counseling of trainees
	Contractor approved trainee ownership of private motor vehicles; trainee employment tracked	To monitor compliance with USAID regulations	

PHASE	PROPOSED INDICATORS	REPRESENTATIVE RATIONALES FOR COLLECTING DATA	PRECONDITIONS
	Supplemental activities provided as appropriate; in-country research component arranged, if needed; professional memberships arranged	To monitor and evaluate performance of provider and/or Contractor	
	Return travel arrangements made	To monitor and evaluate performance of training provider or Contractor; To improve administrative tracking of trainees	
	Training program reports completed	To monitor and evaluate performance of trainees, provider, and Contractor	
	Terminations monitored; program completion verified; program extension and contractor transfer approved; returnee and non-returnee status reported	To monitor compliance with USAID regulations; To improve administrative tracking of trainees	
	Training providers evaluated to assure training performed at established levels of quality and in support of SOs	To monitor and performance of provider and Contractor	Performance standards established
	<i>Trainees mastered content</i>	To monitor performance of trainees	
	Trainees satisfied with training	To monitor and evaluate performance of providers	
	Tax-related Statement of Expenditures prepared; trainee taxes filed	To monitor compliance with USAID regulations	
	Required data elements transmitted to USAID/Washington	To monitor compliance with USAID regulations	
Follow-on	<i>Follow-on activities provided that assist in the application of training to the workplace</i>	To monitor and evaluate performance of Contractor; To improve administrative tracking of trainees	
	Records updated and maintained for at least three years after trainees return	To monitor compliance with USAID regulations; To improve administrative tracking of trainees	

PHASE	PROPOSED INDICATORS	REPRESENTATIVE RATIONALES FOR COLLECTING DATA	PRECONDITIONS
Other	Contractor tracked cumulative financing of training by individuals and by SOs; Contractor quarterly and annual cost and performance reports submitted	To monitor performance of providers and Contractor; To monitor compliance with USAID regulations; To improve management efficiency/reduce costs; To improve administrative tracking of trainees	

ACHIEVING INTERMEDIATE RESULTS PHASES

Outcome: Application of training to workplace and improvements in performance

PHASE	PROPOSED INDICATORS	REPRESENTATIVE RATIONALES FOR COLLECTING DATA	PRECONDITIONS
Linkage	<i>Trainee mastered the required skills, knowledge, attitudes</i>	To link training to application	
Application of Training	<i>Returnee used newly acquired skills and knowledge within partner institution (PI)</i> <i>Returnee implemented Training Action Plan</i> <i>Returnee trained others</i>	To evaluate application of training as an intermediate result	Trainee employed/re-integrated in partner institution
Linkages	<i>Application plans linked to trainee performance standards</i>	To link application toward performance	
	<i>Trainee applied training toward improved technical and managerial performance</i>	To link performance back to application	
Impact on Trainee Performance	<i>Technical performance improved</i> <i>Management performance improved</i> <i>New attitudes affected performance</i>	To evaluate impact of training on trainee's workplace performance	Expectations clearly understood and agreed to by trainee
Linkages	<i>PI enabled trainee to apply training</i>	To link individual performance toward institutional performance	
	<i>Trainee performance standards linked to institutional performance standards</i>	To link institutional performance back to individual performance	
Impact on PI Performance	<i>Quality of goods and services improved</i> <i>Quantity of goods and services increased</i> <i>Institutional leadership and management improved</i>	To evaluate impact of training on PI performance	Expectations clearly understood and agreed to by PI
Linkage	<i>PI mission in harmony with USAID strategic objective</i>	To link institutional performance toward achievement of SO/RP objectives	

B. Table 3: Sources and Data Collection - Narrative Description

The tables that follow contain three main columns: **Proposed Indicators** — in which indicators for gauging progress toward goals listed in the previous table are repeated; **Data Sources** — in which individuals, groups or documents that will provide information about the status of the indicator are identified; and **Data Collection Methods** — wherein the manner for collecting information is suggested.

1. Proposed Indicators

Please refer to the above Proposed Indicators section under Table 2: Generic Indicators - Narrative Description.

2. Data Sources and Collection Techniques

M&E systems operators will access data from two kinds of sources: primary and secondary. In this context, primary sources means people, such as trainees, PI staff, and SO teams. M&E staff will use instruments such as questionnaires, interviews, and observations to obtain information from primary sources. Secondary sources means documents and data bases. Contractor M&E staff will use instruments such as document review templates and data base queries to collect data from secondary sources.

The data sources presented in the third column include:

People: Trainees, trainees' supervisors and colleagues, SO Team leaders and members, project officers, trainers, training program managers, Contractor technical staff, partner institution professional and managerial staff, collaborating institution management and professional staff, etc.

Documents: Strategic plans, training plans, action plans, applications, transcripts, standardized test score results, processing forms and documents, training agreements, cables, and training reports.

Databases and Networks: PTMS/CEP, E-Mail messages.

Data collection methods in the last column include:

Questionnaires - can be close ended or open ended.

Interviews - can be individual or group. Interviews of either type can be guided or unstructured.

Document Review - Written text (paper-based or electronic) can be structured and scored according to standardized criteria (e.g., do action plans meet performance criteria established) or open and reviewed (e.g., training plans read and commented upon).

PTMS Query - the PTMS can be queried to provide data pertinent to an individual trainee, group of trainees, training providers, etc.

Tests - Tests demonstrate mastery or competency. Test formats include written, oral and demonstrations. Tests can be standardized (e.g., TOEFL, SAT) or particularized (e.g., end of training program presentations).

Observations - can be of individuals or groups. Observations can be structured or open.

3. M&E Inquiry Methods

These data sources can be used by the Contractor to inform several inquiry methods mentioned in the Project Paper Analysis:

Blanket surveys in which the standardized instruments are used to collect information from an entire population such as all trainees.

Sample surveys in which the same instruments are used to collect information from a sample (random or non random) of a population such as partner institutions.

4. Reporting Formats

The Project's M&E System will use several reporting formats to communicate results of monitoring and evaluation activities to clients. These will include a menu of standardize, computer-generated reports similar to the ones currently available through PTMS but enriched by the additions of new fields and new analytical tools.

Customized report formats will vary with the client. One reporting format will be institutional case studies. Case studies can combine data collection methods such as questionnaires, observations, interviews and surveys and use them to evaluate the impact of training on an organization such as a partner institution.

Institutional case studies can be comparative, longitudinal, and/or impact.

- **Comparative studies** apply a variety of data collection methods to contrast two or more similar subjects such as training providers or partner institutions.
- **Longitudinal studies** wherein populations such as a group of trainees are studied over time using one or more data collection methods such as surveys or interviews.
- **Impact studies** apply a variety of data collection methods such as surveys and observations to the same person or institution before and after training.

TABLE 3
PROPOSED DATA SOURCES AND DATA COLLECTION METHODS FOR GENERIC INDICATORS
PLANNING PHASES

Outcome: Improved strategic, tactical, and operation planning for training activities

PHASE	PROPOSED INDICATORS	DATA SOURCES	DATA COLLECTION METHODS					
			Question- naire	Interview	Doc Review	Database Query	Test	Obser- vation
Strategic Planning	Training plans developed by SO/RP teams that link training to SO	SO/RP training plans SO/RP team members		✓	✓			
	Specific indicators established that are based on micro-level needs assessments and that link training to results	Needs assessment			✓			
Tactical Planning	Specific indicators refined to address desired changes in performance of trainee and PI, and entered into CEP	CEP				✓		
	Partner institution baseline data collected	PI staff	✓					
	HBCU requirement met, gender target met, third-country training requirements complied with	current practice						
	Training costs estimated in TCA format	current practice						
Operational Planning	Nominees tested (language and aptitude); nominees received necessary language training	current practice						
	Candidates selected according to SO/RP criteria	SO/RP teams	✓					
	Trainee and PI notified of selection and of processing requirements	current practice						
	Documents completed in timely fashion (PIO/P, MedCert, IAP 66 A, J1 Visa, PDF, Dependent Waiver, PhD clearance, etc.)	current practice						
	HAC enrollment initiated	current practice						
	Training providers selected using established criteria	selection rating sheet			✓			

PHASE	PROPOSED INDICATORS	DATA SOURCES	DATA COLLECTION METHODS					
			Question- naire	Interview	Doc Review	Database Query	Test	Observation
	Quality standards applied to set performance indicators for training providers	Statement of Performance Indicators			✓			
	Enrollments negotiated	current practice						
	Training Action Plan signed by all stakeholders	CEP				✓		
	Participant Training Budget Worksheet prepared, updated, and transmitted	current practice						

IMPLEMENTING PHASES
Outcome: Improved management of trainees and training provision

PHASE	PROPOSED INDICATORS	DATA SOURCES	DATA COLLECTION METHODS					
			Question-naire	Interview	Doc Review	Database Query	Test	Observation
Pre-Departure	Travel arrangements made in compliance with American flag carrier regulation; established maintenance allowance rate provided; clearances obtained	current practice						
	Pre-departure orientation conducted to meet established performance standards and trainee satisfied with pre-departure activities	Orientation Provider Checklist; Trainee	✓		✓			
	Training Action Plans refined	Training Action Plan			✓			
	Trainee data entered into PTMS	current practice						
	Emergency contact information maintained	current practice						
Arrival	Arrival and escort services provided	current practice						
	Arrival and program start verified	current practice						
	Arrival orientation conducted to performance standards	current practice						
In-training	Trainees contacted by Contractor as required	current practice						
	PI maintained regular contact with trainees	Trainee	✓					
	Trainee performance reviews conducted	current practice						
	Contractor/provider counseled trainees on problems in compliance with established parameters	current practice						
	Contractor approved trainee ownership of private motor vehicles; trainee employment tracked	current practice						

PHASE	PROPOSED INDICATORS	DATA SOURCES	DATA COLLECTION METHODS					
			Question- naire	Interview	Doc Review	Database Query	Test	Observation
	Supplemental activities provided as appropriate; in-country research component arranged, if needed; professional memberships arranged	current practice						
	Return travel arrangements made	current practice						
	Training program reports completed	current practice						
	Terminations monitored; program completion verified; program extension and contractor transfer approved; returnee and non-returnee status reported	current practice						
	Training providers evaluated to assure training performed at established levels of quality	Trainee, Provider; Training design document	✓		✓			✓
	Trainees mastered content	CEP, Provider	✓			✓	✓	✓
	Trainees satisfied with training	CEP	✓			✓		
	Tax-related Statement of Expenditures prepared; trainee taxes filed	current practice						
	Required data elements transmitted to USAID/Washington	current practice						
Follow-on	Follow-on activities provided and reported	Follow-on Activity Report			✓			
	Records updated and maintained for at least 3 years	current practice						
Other	Contractor tracked cumulative financing of training by individuals and SOs; Contractor quarterly and annual cost and performance reports submitted	current practice						

ACHIEVING INTERMEDIATE RESULTS PHASES
Outcome: Application of training to workplace and improvements in performance

PHASE	PROPOSED INDICATORS	DATA SOURCES	DATA COLLECTION METHODS					
			Question- naire	Interview (sampling)	Doc Review	Database Query	Test	Obser- vation
Linkage	Trainee mastered the required skills, knowledge, attitudes	Training provider, Trainees	✓			✓		
Application of Training	Returnee used newly acquired skills and knowledge within partner institution (PI), Returnee implemented Training Action Plan, Returnee trained others	Trainees, PI staff	✓			✓		
Linkages	Application plans linked to trainee performance standards	Trainee, PI staff	✓	✓		✓		
	Trainee applied training toward improved technical and managerial performance	Trainee, PI staff	✓	✓		✓		
Impact on Trainee Performance	Technical performance improved at workplace, Management performance improved at workplace, New attitudes affected workplace performance	Trainee, PI staff	✓	✓		✓		
Linkages	PI enabled trainee to apply training	Trainee, PI staff	✓	✓		✓		
	Trainee performance standards linked to institutional performance standards	Trainee, PI staff	✓	✓		✓		
Impact on PI Performance	Quality of goods and services improved, Quantity of goods and services increased, Institutional leadership and management improved	PI staff	✓	✓		✓		
Linkage	PI mission in harmony with USAID SO	PI staff, SO team	✓	✓		✓		

C. Next Steps

To develop this preliminary list of generic indicators into tested standardized instruments the following steps should be taken by the Contractor, working with SO/RP teams and HRDC/ETP:

- Complete the preliminary list to ensure it is comprehensive
- Operationalize the indicators
- Set targets for each operationalized indicator
- Establish baselines where appropriate
- Sort generic indicators by:
 - Types of training (academic, technical)
 - Scope of training (short-term, long-term)
 - Location of training (in-country, third-country, U.S.)
- Develop and test instruments for data collection including: standardized questionnaires, checklists, interview guides, observation sheets, document review protocols, and other instruments
- Add tested items to CEP
- Add analytical tools to CEP to generate reports that address the rationales listed above

III. ESTABLISHING SPECIFIC INDICATORS

This section presents interim guidance on how to establish specific indicators for measuring the impact of results-oriented training. This interim guidance is presented in the form of a workshop for SO/RP teams. At present, the workshop design calls for using external facilitators — such as HERNS in the period prior to the Contractor's arrival in-country — whose expertise is in training evaluation. By participating in an externally facilitated workshop, the SO/RP teams should end up with a set of indicators that define in specific, measurable terms the desired impact of future training on particular partner institutions and trainees.

At present, the guidance is new and fully tested. Therefore, this section concludes with recommendations for a process to refine the interim guidance into a reliable methodology. The process suggests building upon real-time experiences of SO/RP teams in Egypt who are establishing specific indicators for training activities.

A. Purpose

The purpose of specific indicators is to measure performance improvements of returned trainees and the partner institutions that employ them. SO/RP teams are responsible for defining specific indicators. The M&E System then combines these specific indicators with the generic indicators described in Section II to provide decision makers with information about the Intermediate Results phase of the training cycle.

This information about intermediate results can be used in conjunction with information about the planning and implementation phases to provide a comprehensive picture of the effectiveness of training activities.

B. Interim Guidance

1. Background

Egypt has eight to ten SO teams at different stages in the strategic design process. In order to begin developing guidance that could be used by any SO team, the HERNS team met with two SO teams, each at different stages in the strategic design process.

The HERNS team first met with one team who had already developed a strategy and identified training activities. This SO team had articulated success in terms of numbers of people trained. During the abbreviated workshop, the HERNS team guided the SO team through a series of questions. The questions were intended to focus the SO team on one results package and to establish results indicators. More specifically, the HERNS team wanted the results indicators expressed in terms of performance changes on the part of individuals and partner institutions.

The second team was in the earliest stages of developing their strategy. The RP objective was still evolving as were the proposed activities. Likewise, the team had not yet determined which institutions they would partner with.

The following interim guidance reflects the experience gained from the two SO teams in USAID/Egypt, and includes examples from the experience.

2. Preparatory Steps

a. Collect and Read Background Documents

The first step in preparing for the workshop is to collect and review Mission and SO-related documents. The key documents include:

- Mission Strategy and current Action Plan, paying particular attention to the objective tree and to the indicators identified in the M&E section
- The current strategy document for the targeted SO
- Project or results package design documents and M&E plans

b. Conduct Interview with Key Informant

Meet briefly with either the team leader or another key member of the SO team to:

- Determine the current status of the SO team in terms of developing or implementing their strategy.
- Request additional documents that may be useful in understanding the strategy and activities of the SO team.
- Decide which stakeholders should be included in the workshop. Among the stakeholders are the SO team members, RP and activity managers, the Project Development Officer, Mission Evaluation Officer, Project Manager, counterparts, and partner institutions. (After award of the contract, the Contractor becomes a stakeholder.) Issue invitations accordingly.
- Identify the most appropriate location for the workshop, keeping in mind that participation of stakeholders varies according to the workshop site.
- Set a date and time for the workshop.

3. Workshop Procedures

Assistance should be provided to the Mission through a mechanism such as a HERNS buy-in so that the workshop agenda can be adapted for each team, taking into consideration the stage at which the SO team is currently operating. For example, if the SO team is in the initial stages of defining their strategy, the external team should take them through the entire process thoroughly and the process should be integrated with the micro-level training needs assessment. However, if the SO has a well-developed strategy and has begun implementation of their training activities, the externally facilitated workshop should focus on establishing training indicators for training application, trainee performance, institutional performance, and testing the link between training and the SO.

a. Introduce Team and External Facilitators

For the time being, these workshops should be run with the assistance of external facilitators. The facilitators should be experienced in evaluation of training to round out the subject-matter expertise of the SO teams.

b. Present Conceptual Framework for Monitoring and Evaluation

See the "Overview" of this report for an explanation of the conceptual framework for the Project's Monitoring and Evaluation System. Emphasize to the team that, while the Project M&E System will cover all the phases of training (planning, implementing, and achieving intermediate results), the workshop will focus on the "achieving intermediate results" phase.

c. Present Workshop Objectives

State that the objectives of the workshop are:

- To give SO teams experience in developing result-oriented indicators for a particular SO
- To further develop guidance for SO teams in this Mission and others to use in establishing training indicators specific to each SO

d. Lead Team through Series of Questions

The first column of Table 4 on the following page lists the full range of steps that the external facilitator will guide the SO teams through to arrive at a preliminary set of indicators. The second column presents questions that the facilitators might ask in order to complete the step, followed by examples of answers to the questions. These answers were provided by the "Reduced Fertility" SO in USAID/Cairo. In the last column are notes for the facilitator.

TABLE 4
SAMPLE WORKSHOP SEQUENCE FOR DEVELOPING SPECIFIC INDICATORS

PROCESS STEP	SAMPLE IMPLEMENTING QUESTIONS	SAMPLE RESPONSES	COMMENTS
Step 1: Review SO objective and indicators	How is this SO currently stated? How will you know when it's been achieved?	SO: Reduced fertility Indicators: total fertility rate, crude birth rate.	This is intended to help link training results to the Strategic Objective.
Step 2: Focus on one RP	Does your SO have an RP that has: (a) improved institutional performance (in some form) as an intended result, and (b) an HRD element? What is the RP objective? What are the indicators that the objective has been attained?	RP: Service volume increased, service quality improved, and FP information increased for current and potential users. Indicators: Increased couple years of protection and several output-level (versus results) indicators.	This is intended to help link training results to the RP objective. The team should take one RP through the full process and then repeat process with remaining RPs.
Step 3: Focus on one institution	Within this RP, is there an institution or group of institutions that you have targeted for improved performance?	MOH family planning units.	These are considered the partner institutions (PI).
Step 4: Indicate desired performance of the partner institution, how changes will be measured, and which are training related	What changes have to happen with the PI to achieve the RP objectives? (Indicators) How will you know when the PI's have made the changes? (Measures) Which changes cannot happen without training? (Highlight the training-related measures.)	Improvements in service provision (quality and quantity) and clinic management , as verified through the Quality Improvement Checklist; measured in terms of demand for services, infection control , choice of methods, number of female providers, management systems, staff development , facilities, supplies and commodities, equipment, use of equipment, technology updates , policy environment, trust level in MOH.	This list includes the PI performance indicators and the institutional performance measures.
Step 6: Specify expectations for improved performance of individuals	How will training affect the performance of the trainees?	Improvements in counseling, provider competency, understanding choice of contraceptive methods , in addition to the indicators above but analyzed on an individual level.	Once operationalized, these become the indicators of trainee performance.
Step 7: Identify ways in which training should be used	In what ways should the trainee apply the new skills and knowledge to achieve the desired performance level?	(No example provided by this SO team.)	Once operationalized, these become the indicators for application of training.

e. Test the Link between training and the SO

Once a preliminary set of indicators has been identified, the external facilitator will help the team test the plausible association between the indicators, through a series of if-then statements. For the example responses on Table 4 above, the linkage would be tested by making the following statements:

If the returned trainees apply the knowledge and skills gained through training...

Then returned trainees' performance will improve in terms of counseling, provider competency, and understanding of contraceptive choices (in addition to the institutional performance indicators but analyzed on an individual level); and...

if the returned trainees' performance improves...

Then the PI's will realize service provision and service management improvements in terms of management systems, staff development, use of equipment, updated technologies, choice of methods, infection control; and...

if the PI's performance improves...

Then there should be an increase in the volume of services and improved quality; and...

if there is an increase in the volume and quality of family planning services...

Then the total fertility rate should decrease.

Taking the SO/RP team through this process, the external facilitator will: (a) help make the list of indicators complete, (b) highlight weaknesses in the links between different levels of results, and (c) help identify key assumptions, preconditions, and possibly other required interventions.

The process ended with a clear statement that the first SO team was not interested in disaggregating the impact of training from the impact of their other interventions. The second team was unable to complete the series of questions or start the if-then process because of all the uncertainties about their RP objective, the proposed activities, and the lack of targeted institutions. Thus, there are no USAID/Cairo examples for the remaining steps of the guidance and the step remain untested.

f. Prioritize and Operationalize Key Indicators

Once the list of indicators is complete, narrow the list by applying the following criteria to each indicator:

- Is the indicator meaningful and significant?
- Is it objectively verifiable and credible?
- Can it be measured?
- Can reliable data be collected on the indicator?
- Will the data be readily available?
- Is it affordable to collect the data?

The next step is to prioritize the indicators, keeping in mind that it is not necessary or cost-effective to track every possible indicator just because it exists.

To operationalize the indicators, the team should determine the:

- type of measure that should be used (i.e., quantitative or qualitative)
- unit of analysis
- standards and targets
- timeframe for achieving the results

g. Identify M&E Needs of the SO Team

Not all indicators for results-oriented training need to be collected for all training activities. The SO/RP team should review their M&E plans to determine: which data would be useful to them in assessing overall impact of their activities (e.g., would they find it useful to disaggregate the results of training from the overall results); which data they already collect or plan to collect; and which data they will request that the Project collect.

4. Post-Workshop

Once the indicators have been established and operationalized, it will be possible to conduct a more meaningful micro-level training needs assessment. The assessment should focus on training that will produce the desired results for targeted PIs in the anticipated timeframe.

C. Preliminary Findings and Recommendations

1. A "Before You Start" section needs to be added to the front end of the guidance.

The purpose of an introductory section will be to help the SO/RP teams and facilitator review the results packages and activities sections of their strategic design documents in terms of some established criteria and format.

At present, SO/RP teams are at such diverse stages of evolution, have approached development of their strategies so differently, and are producing documents at such varying levels of specificity that some preconditions need to be in place before SO/RP teams can begin the process of identifying specific indicators. At a minimum, the SO/RP teams should have objective statements and indicators related to the SO and RP objectives that have been fully agreed upon. They should also have a clear sense of the proposed activities and have targeted their partner institutions.

This key lesson learned from the first iterative cycle conducted in Egypt in July of 1995 has already been incorporated into the guidance section presented above.

2. At this juncture the process of defining specific indicators needs to be facilitated by an external team.

Some of the confusions caused by a change in the way USAID does business is reflected in the SO/RP team strategic design documents. At this point in time, external facilitators are needed to sort out design issues from those pertinent to establishing specific indicators.

3. Quality standards for specific indicators need to be established.

Experienced evaluators know which indicators will be easy to measure and will yield useful information. Currently, this knowledge is communicated to SO/RP teams by external facilitators while the team's specific indicators are being established. Eventually, the knowledge needs to be made explicit and communicated to SO/RP teams either directly or through the assistance of external facilitators or the Contractor. This knowledge is likely to come from USAID/Washington.

4. The process for developing reliable guidance should be continued.

Lessons learned from this preliminary effort have been generalized and incorporated into the interim guidance. This interim guidance should be tested and improved by SO/RP teams in Egypt and elsewhere in collaboration with external evaluation experts such as HERNS. In this way, the ensuing *Guidance for Establishing Specific Indicators* will be predicated on the practical experiences of managers directly accountable for program results.

Process: At a minimum, the process for developing reliable guidance should be:

Inclusive: Several SO Teams who are at different stages of development should participate in developing the guidance. As SO teams are the clients who will use the guidance, their active collaboration in its development will help assure its relevance and clarity.

Hands On: Guidance is best developed by establishing actual indicators. Once the external facilitators have facilitated the workshop several times, with several SO teams they can capture and refine the most effective methods. These methods can then be tested with SO teams from other Missions to establish USAID-wide guidance.

Use an Iterative Process: The next stage is to engage in an iterative process that involves cycles of drafting guidance, using it in interactive workshops to develop specific indicators, and refining guidance into a new draft. The cycle should be repeated until the guidance can be used independently by SO teams to establish specific indicators that meet the quality standards.

Assure Appropriate Timing: Ideally, this guidance will be used while SO/RP teams are conducting their micro-level training needs assessments. This timing will ensure that proposed training is logically linked to the desired results at the individual and institutional levels, as well as to the RP and SO indicators.

Product: In that the guidance is intended to be used USAID-wide, the guidance itself should be:

Integrated: The guidance should be integrated into the micro-level training needs assessment activities already programmed into the strategic planning process.

Simple: The guidance should be short and simple.

Stand Alone: SO teams ultimately should be able to use the guidance without external facilitation.

Effective: The guidance should enable SO teams to establish specific indicators that meet established standards of quality. At a minimum, they should be able to measure performance improvements of returned trainees and the partner institutions. The indicators should be logically linked to results package and SO indicators.

The guidance should also:

Clarify Purpose: SO Teams should be able to understand the purpose of specific indicators and the importance of evaluating training for results.

Explain Quality Standards: SO teams should understand the established standards of quality for specific indicators and should establish their indicators to meet or surpass those standards.

Section IV: Illustrative Instruments for Evaluating Training Results

A. Introduction

USAID is undergoing a "sea change" in which USAID is fundamentally re-defining the ways in which it does business. At the heart of the re-engineering is a focus on evaluating for results rather than for inputs and outputs. A corollary to this shift in the purpose of evaluation is a change in how evaluation instruments are designed and used.

If the ensuing discussion seems complex, it is because the undertaking is complex. The idea of tracking hundreds of training programs pertinent to scores of activities distributed across ten SOs from strategic planning through workplace results using a combination of generic and specific indicators which are bundled into "probe packages" that are administered at pre-determined intervals using a mix of instruments to generate a variety of reports that meet the needs of a diversity of clients is an elaborate undertaking, and one that is not easy to diagram, simplify and explain — let alone do.

Section IV of this document begins by explaining the conceptual framework through which the illustrative instrument items were developed. Purposes and methods are then explained. The section also provides examples of a cluster of instrument items that can be used to monitor and evaluate Phase 3, 4 and 5 of the training cycle — namely, the application of training and the impacts of training on the performance of individuals and partner institutions. The example is loosely based on information provided by the Reduced Fertility Strategic Objective Team. Finally, Section IV concludes with suggestions for next steps.

B. Limitations

Section IV limits the illustrative instruments to operationalizing results-oriented indicators only and excludes discussions of other types of indicators presented in Section II of this report (e.g., compliance monitoring, contractor performance assessment, trainee satisfaction surveys). The Contractor will be responsible for adapting the existing instruments and for refining other current practices for collecting M&E data.

C. Conceptual Framework

The old conceptual framework for developing instruments was organized vertically. Goals were broken into **outcomes** which were → reduced to **indicators** which were → interpreted into **measures** which, after several validating activities, became → **instruments** such as items on questionnaires or topics for guided interviews (see illustration on the following page). The bulk of evaluation activities occurred during the implementation phase, beginning with assessing orientations and ending with satisfaction surveys plus a few follow-up questions focused on career-path issues. The enterprise was driven by a desire to arrive at conclusions about the merit of training activities using tools that could be applied to all trainees in any context.

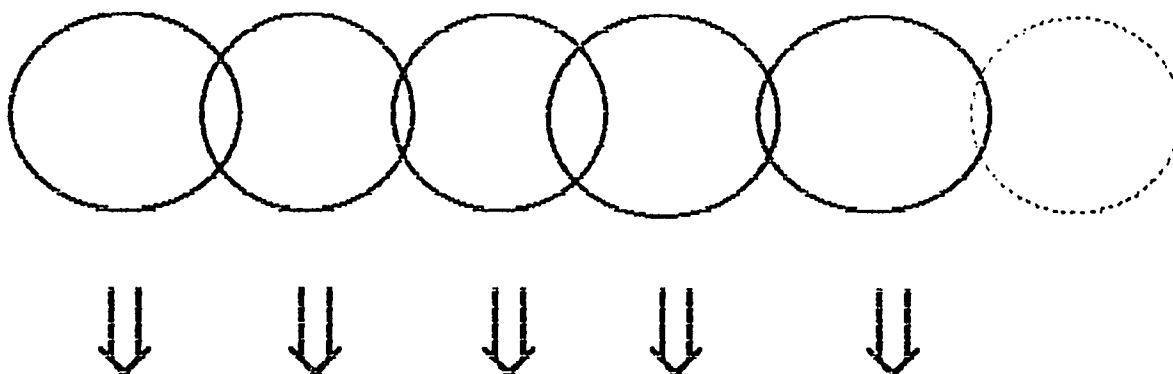
The re-engineered conceptual framework is organized horizontally and vertically. In other words, there are two dimensions that are important in developing results-oriented instruments. The first dimension is assessing the strength of the nexus connecting events occurring at each of five phases in the training cycle from planning through results. Hence, evaluation activities are spread out over time and distributed among phases. As these events ought to be common to all results-oriented training, they can be mapped and assessed using generic indicators and tools.

The re-engineered M&E framework also adds a second dimension. Within each phase, the Contractor will evaluate a generic set of events which, from intuition and experience, are believed best to indicate high quality performance at that phase. In addition, the Contractor will assist key stakeholders to establish sets of indicators that are context specific, and apply only to particular training activities in specific results packages.

In the M&E conceptual framework, the impact of training on attaining results-package achievements can be viewed as the final link in a chain of events. Measuring the impact of interventions on “customers” is the responsibility of SO/RP Teams or their designees. According to the re-engineered USAID values, the relative contribution of each type of intervention (e.g., training, grants, technical assistance, commodities, facilities, equipment, etc.) is less significant than the effect of bundled activities in achieving a common purpose. SO/RP teams or their designees are not required to disaggregate the impact of training from the impact of their other interventions when evaluating results-package achievements.

The Contractor, therefore, is responsible for monitoring and evaluating the effectiveness of and connections between:

Planning ⇒ Implementing ⇒ Applying ⇒ Improving ⇒ Improving ⇒ Impact
 Individual Institutional on
 Performance Performance RP



Outcomes:



Indicators:



Measures:



Instruments:

D. Purpose of Instruments

The Contractor will develop instruments that accurately probe for two things. One, the performance of key players at each link in the chain (as measured against established standards and outcomes appropriate for that phase of the training cycle). Two, whether the key activities germane to the passage between phases of the training cycle taken place on time and up to standards.

The Contractor will develop instruments derived from generic and specific indicators and will operationalize them into measures and will sort them into inquiry methods.

E. Methods

Training events under the purview of the Project will be probed at pre-set intervals. These probes will be triggered by key events such as: micro-level training needs assessed, training program designs completed, training program finished, and trainees re-established at workplace. During these probes, information will be collected from diverse sources such as: trainees, partner institutions, training providers, project officers, and databases. Probes will use a variety of instruments and techniques such as: questionnaires, focus group or individual interviews, observations, data base queries, document review templates, and tests. All probes will answer three kinds of questions: Are the events up to pre-set quality standards? Are the events linked to results? Do the events demonstrate links to preceding and subsequent phases of the training cycle?

The purpose of the probes is to gather information to gauge progress towards goals using pre-determined indicators. Some of the indicators will be generic to all training, and some will be specific to particular training programs. The Contractor will assist SO/PR teams to formulate their specific indicators if this task is not yet completed. The Contractor will also operationalize the generic and specific indicators into measures and will develop lines of inquiry for applying those measures.

F. Instruments

The following sections present examples of probes that can be taken at one of the five phases of the training cycle. These sample instruments monitor and evaluate: progress towards outcomes set for each phase, transitions between phases of the training cycle, and connections between training activities and anticipated improvements in workplace performances. The illustrative instruments presented below begin with the final events to be monitored and evaluated by the Contractor — probing the impact of training on the performance of partner institutions.

For this illustration, the HERNS team used an example loosely derived and adapted from one of several training activities planned under the Mission Strategic Objective: Reduced Fertility. The Reduced Fertility strategic plan calls for, among other things, training 21,000 doctor/nurse teams over three years from 3600 Family Planning clinics run by the Ministry of Health. This well-thought-out and comprehensive undertaking has been simplified and changed for the purposes of illustrating the M&E System. The HERNS Team apologizes to the Health and Population professionals whose fine work is simplified in the interest of brevity.

1. Phase 5: Partner Institution Performance Improvement

Outcome: Institutional performance improved as a result of improved performance of USAID trainees

Generic Indicators

Indicators	Measures	Inquiry Methods
Improved quality of good and services	client satisfaction level; progress toward meeting quality standards	survey questionnaire and sample interview
Increased quantity of goods and services	demand level	survey questionnaire and sample interview
Improved institutional leadership and management	financial management; operations management; HRD management	survey questionnaire and sample interview

Specific Indicators (EXAMPLE)

Indicators	Measures	Inquiry Methods
Improved quality of MOH FP planning units services according to established standards of service	quality of counseling (including understanding choices of contraceptives); awareness of contraceptive technologies; infection control; competency of doctor/nurse teams	sample surveys; sample group interviews; key informant interviews
Improved quantity of FP services	demand (number of women attending clinic)	sample surveys; sample group interviews; key informant interviews
Improved management systems at FP planning units	systems logistics; information systems; supervision; financial; personnel; training	sample surveys; sample group interviews; key informant interviews

Link Indicators to Prior Phase (trainee performance)

Indicators	Measures	Inquiry Methods
PI enables trainee to apply training	performance standards for trainees; forum to share skills/knowledge; professional support and supervision; opportunities for continued development; annual plan incorporates new skills	survey questionnaire; interviews

Link Indicators to Next Phase (contribution to SO/RP objective)

Indicators	Measures	Inquiry Methods
PI mission in harmony with USAID strategic objective	degree of overlap between PI mission statement and USAID SO	survey questionnaire; interview

Sample Instrument Items for Phase 5

Inquiry Method 1: Questionnaires

Data sources: PI point person

Do you have established quality standards? (yes, no, does not apply)

Are they written and distributed? (yes, no, does not apply)

In your current practice, does your institution meet these standards

(frequency scale: all of the time...none of the time)?

To what extent has USAID training made a difference in meeting your quality standards?

(intensity scale: great deal...none)

What kind of a system for assessing client satisfaction do you have?

(checklist, check all that apply: customer survey, exit interview, complaint tracking, staff interviews, anecdotal, intuition, other, none)

How often do you measure satisfaction? (frequency scale: daily...never)

What kinds of results do your assessments show?

(three-point question: improvements, no change, decreases)

To what extent has USAID training made a difference improving client satisfaction?

(intensity scale: great deal...none)

What kind of system does your institution have for tracking demand?

(checklist: service orders, contracts, case reports...no system)

How has USAID training affected demand? (three-point question: great deal...not at all)

In what areas have the USAID trainees helped improve your institution's leadership, management, and technical performance? (checklist; check all that apply)

- policy development; policy analysis

- institutional vision and planning

- quality standards; quality assurance

- management systems (logistics, operations, information systems, supervision, financial, personnel, training/staff development)

- communications with clients, customers, donors...

- maintenance and use of facilities/equipment

- technologies, techniques, methods

How has USAID training affected the quality of services at your FP planning units as a result of USAID training?

(three-point matrix: improved, worsened, no change)

- counseling including understanding of contraceptive choices

- awareness of contraceptive technologies

- infection control

- competency of doctor/nurse teams

To what extent has USAID training affected the demand of services at your FP unit?

(three-point question: increased, decreased, no change)

What does your institution do to enable trainees to apply training? (checklist)

- set performance standards
- support opportunities for continued development
- provide professional support/supervision
- provide forum to share ideas
- incorporate new ideas/skills into institutional planning

What is the institution's mission? (open-ended)

How does that relate to USAID's mission in the sector?

(three-point question: complete congruity...no relationship)

Inquiry Method 2: Interviews (Open-ended, structured)

Data sources: PI point persons, focus groups

Has the quality of your institution been affected by USAID training?

Specifically, has USAID training contributed to such things as: establishment and achievement of increased quality standards, higher client satisfaction levels, increased demand for your goods/services, the leadership and management of the institution?

If so, in what ways? (Look for examples.)

In what other ways has your institution benefited from USAID training?

If it has not contributed, why not?

In what ways does your institution help trainees to apply their new skills and knowledge?

What changes in the USAID program would help increase the impact of training?

Phase 4: Intermediate Results - Individual Performance Improvement

Outcome: Individual performance improved as a result of applying USAID training

Generic Indicators

Indicators	Measures	Inquiry Methods
Technical performance improved	improved quality/quantity of individual performance in terms of: technologies, techniques, processes, procedures, systems; projects, services, products; design, implementation, evaluation; quality standards, quality assurance	survey questionnaire and sample interview
Managerial performance improved	improved quality of individual: analysis, problem-solving, decision-making, policy making approaches; supervisory, management, leadership styles; communications	survey questionnaire and sample interview
New attitudes affected performance	improved performance because of new attitudes about: generator of skills/knowledge; networking; empowerment; customer-focused; accountability; teamwork	survey questionnaire and sample interview

Specific Indicators (EXAMPLE)

Indicators	Measures	Inquiry Methods
Performance of nurses meets established standards	client greeting, client registration, client history providing FP information	Service Unit Quality Improvement Checklist quarterly reports
Performance of physicians meets established standards	physical examination, FP method provision, FP method-specific counseling	Service Unit Quality Improvement Checklist quarterly reports

Link Indicators to Prior Phase (training application)

Indicators	Measures	Inquiry Methods
Trainee applied training toward improved technical and managerial performance	comparing relationship between application and performance	survey questionnaire; interviews

Link Indicators to Next Phase (to institutional performance)

Indicators	Measures	Inquiry Methods
Training performance standards linked to institutional performance standards	comparing institutional performance standards to individual standards	survey questionnaire; interview

Sample Instrument Items for Phase 4

Inquiry Method 1: Questionnaires

Data sources: Trainees

To what extent did the training you received and tried to apply relate to your action plan and performance standards?

(three-point question: great deal...not at all)

To what extent do your performance standards link with your institution's performance standards? (three-point question: great deal...not at all)

How has your USAID training affected the quality or quantity of your performance on the job in term of:

(three-point matrix: increased, decreased, no change)

-technologies, techniques, processes, procedures, systems

-projects, services, products

-design, implementation, evaluation

-quality standards, quality assurance

How has your USAID training affected the quality or quantity of your performance on the job in term of:

(three-point matrix: increased, decreased, no change)

-analysis and problem-solving

-decision-making and policy-making

-supervisory, management, leadership styles

-communication with colleagues, customers, donors...

What changes in your attitudes have affected your workplace performance?

(checklist; check all that apply)

-seeing oneself as a generator of skills and knowledge rather than a consumer

-looking to others in the profession for guidance (professional network)

-understanding the opportunities and limitations of technology

-feeling empowered

-focusing on customer needs

-feeling a sense of accountability

-improving relationships/improving teamwork

Inquiry Method 2: Interviews (Open-ended, structured)

Data sources: PI point persons, focus groups

How is your training linked to your Training Action Plan and performance standards?

How does your performance standards match your institution's performance standards?

How has USAID training affected the quality or quantity of your performance on the job?

Inquiry Method 3: Document Review

Data sources: Service Unit Quality Improvement Checklist Quarterly Report

See attached Service Unit Quality Improvement Checklist

Phase 3: Intermediate Results - Application of Training

Outcome: Individual applied new skills, knowledge and attitudes to the workplace

Generic Indicators

Indicators	Measures	Inquiry Methods
Trainee used newly acquired skills and knowledge on the job	introduction of new or improved technical and managerial skills and knowledge	survey questionnaires
Trainee implemented Training Action Plan	progress on Training Action Plan	survey questionnaires
Trainee trained others	number of people trained	survey questionnaires

Specific Indicators (EXAMPLE)

Indicators	Measures	Inquiry Methods
No specific indicators available for family planning example.		

Link Indicators to Prior Phase (training implementation)

Indicators	Measures	Inquiry Methods
Trainee mastered the required skills, knowledge, attitudes	proficiency in content areas	document review (Training Progress Reports); survey questionnaire

Link Indicators to Next Phase (to individual performance)

Indicators	Measures	Inquiry Methods
Application plans linked to individual performance standards	connection between application plans and performance standards	survey questionnaire

Sample Instrument Items for Phase 3

Inquiry Method 1: Questionnaires
Data sources: Trainees

To what extent are the skills and knowledge you gained from USAID training applicable to your current job? (5-point scale: very applicable...not at all applicable)

How much are you able to use the knowledge and skills learned from your training in your current job? (5-point scale: large amount...not at all)

Did your training allow you to master the skills and knowledge that were targeted in your Training Action Plan? (3-point scale: yes...somewhat...no)

What percentage of your Training Action Plan have you been able to implement to date?
(fill in the blank: ____ %)

With approximately how many people in your organization have you shared your new skills, knowledge, and attitudes?
(fill in the blank: ____ in formal training sessions, ____ informally)

As a result of your USAID training, have you been able to propose or introduce new or improved: (checklist: check all that apply)

- technologies, techniques, processes, procedures, systems
- projects, services, products
- design, implementation, and evaluation approaches
- quality standards, quality assurance practices
- analysis and problem-solving approaches
- decision-making and policy-making approaches
- supervisory, management, leadership styles
- communication with colleagues, customers, donors...
- other (specify)

To what extent will these efforts help improve your job performance?
(3-point scale: completely...not at all; not applicable)

Do you see additional opportunities to apply your training?
(yes/no)

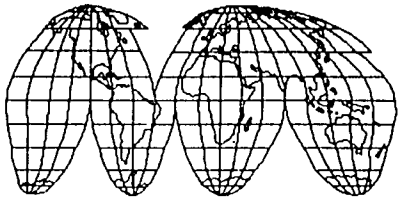
If yes, please explain your plans.
(open ended)

To what extent are you plans linked to the performance standards or Training Action Plan you designed with your employer?
(5-point scale: completely...not at all)

H. Next Steps

Section IV of the report presents a conceptual framework for developing instruments, focusing on results-oriented indicators. It also provides an illustrative sample of the indicators, measures, inquiry methods and instrument items for Phase 5 of the training cycle: Improved Institutional Performance. Once the framework and illustrative sample are approved by USAID, the following steps should be taken:

- Develop illustrative samples for Phases 1-4 of the training cycle (HERNS M&E team)
- Provide samples to M&E System clients for assessing relevance, completeness and utility
- Provide all samples to HERNS MIS staff (InfoStructure) for assessing what changes need to be made in PTMS/CEP to incorporate the proposed instrument items (HERNS M&E team)
- Operationalize the items, focusing on the wording of questions; and in the case of questionnaires, assess the wording and comprehensiveness of response options (Contractor)
- Sort items by types of training (i.e., long-term/short-term, academic/technical/management, in-country/third-country/US) (Contractor in collaboration with M&E clients)
- Add the results-oriented instrument items to existing (or revised) instruments (Contractor)
- Assess each item for technical accuracy, cultural sensitivities, user-friendliness
- Precode the instruments (Contractor)
- Provide to M&E System clients for final review; assess demand for customized data dumps, analyses and reports (Contractor)
- Provide to MIS staff for assessing PTMS/CEP's capacity to incorporate proposed items and for providing customized data dumps, analyses, and reports (Contractor or HERNS/InfoStructure)
- Make recommended changes (Contractor)
- Pre-test the instruments and refine accordingly (Contractor)
- Translate the final instruments (Contractor)
- Add all relevant items to PTMS/CEP (Contractor)



THE HERNS PROJECT

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MEMORANDUM

To: USAID/Egypt: Diane Leach (HRDC/ETP) and Carl Derrick (PDS/PS)
cc: Roger Rasnake, HERNS Evaluation Specialist

From: Barbara A. Howald
HERNS Program Development Specialist, Team Leader

Subject: Delivery Order #13, Phase II, Evaluation Design Work Plan

Date: July 5, 1995

Based on discussion of Monday, July 3, in which we discussed Evaluation Team tasks and deliverables as described in the original Delivery Order SOW, and how the refocusing of DT2 in the current Project Paper requires refocusing of the Evaluation deliverables

The Evaluation Report will contain the following components:

1. *Description of results-oriented evaluation system:* This section will describe: conceptual framework; clients (stakeholders who use the evaluation system) and their needs (administrative tracking, provider performance monitoring, results assessment, HCD regulation compliance); sources (stakeholders who provide information); methods (mix of instruments and analytical tools, CEP); services provided; key activities.

Format: Redraft of M&E related sections of DT2 Project Paper.

2. *Generic indicators for results:* Identification of standard indicators that apply across sub-goals and strategic objectives to evaluate impact of training on partner organization and participant performance. Generic indicators appropriate for each training phase (planning, implementation and impact) will be established.

Format: Rationale and preliminary list of generic indicators

3. *Guidance on the establishment of specific indicators of training results:* Preliminary design of a process to be used by Strategic Objective Teams to establish micro-indicators for impact on partner organizations and returned participant job performance. An interactive methodology will be tested in the Mission to the greatest extent permitted to develop and refine the guidance. As

part of the design process, at least one SO team will have an opportunity to begin establishing specific indicators.

Format: Rationale and workshop design for establishing specific indicators.

4. *Illustrative evaluation instruments* for evaluating training results: Given the number of sources providing information and the range of client needs to be met by the evaluation system, a variety of methods (questionnaires, case studies, self-studies, etc.) will be employed.

Format: Draft instruments appropriate for the generic and specific indicators established in sections II and III will be presented.

Evaluation Team Calendar

Week 1	July 2	Initial Briefing with Mission
	July 5	Meeting with Population SO Team to present methodology
	July 8	M&E Draft Section I: M&E System Description
Week 2	July 11	M&E Draft Section II: Generic Indicators
	July 15	M&E Draft Section III: Guidance on Specific Indicators
Week 3	July 16	M&E Draft Section IV
	July 18	First draft of full M&E Report submitted
	July 19	Comments on draft M&E Report received from USAID
Week 4	July 23	Final Version M&E Report submitted

SERVICE UNIT QUALITY IMPROVEMENT CHECKLIST

Page 1

ic District Governorate: Year:

1.0	CLIENT REGISTRATION, HISTORY, FP INFORMATION (NURSE'S RESPONSIBILITIES)	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
1.1	Greets the client				
1.2	Takes history				
1.3	Tells client about Family Planning methods				
1.4	Post-provision counseling				
1.5	Return appointment confirmed				
TOTAL SCORE					

2.0	PHYSICAL EXAMINATION, METHOD PROVISION, METHOD- SPECIFIC COUNSELING (PHYSICIAN RESPONSIBILITIES)	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
2.1	Physical Examination: Blood Pressure				
2.2	Physical Examination: Weight				
2.3	Physical Examination: General Condition/Nutritional Status				
2.4	Physical Examination: Breast Examination				
2.5	Physical Examination: Abdominal Examination				
2.6	Physical Examination: Pelvic Examination				
2.7	Physical Examination: Laboratory Investigations				
2.8	Choice of Method				
2.9	Provision of Method				
2.10	Method-specific Counseling				
2.11	Follow-up Visit Timing				
2.12	Referral				
TOTAL SCORE					

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SERVICE UNIT QUALITY IMPROVEMENT CHECKLIST

Page 2

District:

Governorate:

Year:

3.0	INFECTION PREVENTION	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
3.1	Hand washing				
3.2	Use of gloves				
3.3	Cleaning & decontamination of instruments				
3.4	High-level disinfection and sterilization				
3.5	Antisepsis				
3.6	Cleaning & decontamination of the unit				
3.7	Procedure for waste material disposal				
3.8	Area for cleaning/sterilizing/disinfecting				
3.9	Storage for clean/sterilized/disinfected supplies & instruments				
3.10	Running water				
3.11	Sink for hand & instrument washing				
3.12	Instrument scrub brush				
3.13	Hand soap				
3.14	Disposable (disinfected/clean) gloves				
3.15	Sterilizable rubber surgeon's gloves				
3.16	Cotton swabs				
3.17	70% ethyl or isopropyl alcohol or Betadine (iodolor)				
3.18	Chlorox				
3.19	Electricity				
3.20	Electric boiler or autoclave or dry heat oven				
3.21	Waste baskets & waste receptacle				
TOTAL SCORE					

4.0	CLIENT SATISFACTION	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
4.1	Waiting Time				
4.2	Staff Courtesy				
4.3	Information Given				
4.4	Unit Cleanliness & Maintenance				
4.5	Cost				
TOTAL SCORE					

SERVICE UNIT QUALITY IMPROVEMENT CHECKLIST

Page 3

District	Governorate:	Year:
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5.0	CONTRACEPTIVE COMMODITIES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
5.1	Oral Contraceptives				
5.2	IUDs				
5.3	Foaming tablets				
5.4	Condoms				
5.5	Injections				
5.6	Sterile Disposable Syringes				
TOTAL SCORE					

6.0	IEC ACTIVITY	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
6.1	Posters Displayed on Walls				
6.2	Booklets (Contraceptive Methods)				
6.3	Contraceptive Calendar				
6.4	Client Counseling Flip Chart				
TOTAL SCORE					

7.0	RECORDS AND REPORTS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
7.1	Client Medical Record Supply				
7.2	Client Medical Record Storage				
7.3	Client Medical Record Retrieval				
7.4	Client Medical Record (Nurse's Section)				
7.5	Client Medical Record (Physician's Section)				
7.6	Client Identification Card Supply				
7.7	Client Identification Card Storage				
7.8	Client Identification Card Retrieval				
7.9	Client Registration Log				
7.10	Quarterly Activity Report				
TOTAL SCORE					

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SERVICE UNIT QUALITY IMPROVEMENT CHECKLIST

Page 4

Institution:	District:	Governorate:	Year:
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8.0	CLINIC MANAGEMENT	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
9.1	Minimum Number of Trained Physicians				
9.2	Minimum Number of Trained Nurses				
9.3	Job Descriptions				
9.4	Teamwork				
9.5	Reference Materials				
9.6	Targets				
9.7	Statistics Displayed				
9.8	Supervisors Log/Supervisory Team's QIP Recommendations				
9.9	Maintenance and Repair Procedures				
9.10	Commodity Ordering, Receiving & Inventory Procedures				
TOTAL SCORE					

9.0	CLINIC EQUIPMENT, FURNISHINGS, SUPPLIES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
9.1	Desk With Chair				
9.2	Chairs				
9.3	OB/GYN Examination Table & Stool/Chair				
9.4	Supply/Instrument Cabinet(s)				
9.5	Records Cabinet				
9.6	Instrument Table or Trolley				
9.7	Privacy Screen (Paravan or Partition)				
9.8	Side Lamp				
9.9	Sphygmomanometer				
9.10	Stethoscope				
9.11	Stand With Two Basins				
9.12	Specula				
9.13	IUD Insertion/Removal Instrument Pan with Cover				
9.14	IUD Insertion Intra Cup				
9.15	IUD Insertion Forceps				
9.16	IUD Insertion Scissors				
9.17	IUD Insertion Sound, Uterine				

SERVICE UNIT QUALITY IMPROVEMENT CHECKLIST

Page 5

District:

Governorate:

Year:

9.0	CLINIC EQUIPMENT, FURNISHINGS, SUPPLIES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
9.18	IUD Removal Instruments				
9.19	Auxiliary Equipment				
9.20	Adult Scale				
	TOTAL SCORE				

10.0	CLINIC FACILITIES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
	Family Planning Room(s)				
10.2	Waiting Area				
10.3	Private Area(s) for Counseling & Physical Exams				
10.4	Toilet				
10.5	Minor Laboratory Area				
10.6	Cleanliness				
10.7	Lighting				
10.8	Ventilation				
	TOTAL SCORE				

STANDARDS OF SERVICE

FOR

**QUALITY IMPROVEMENT PROGRAM
MONITORING SYSTEM**

MINISTRY OF HEALTH

**Family Planning Department
Systems Development Project
Cairo, Egypt**

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3.13 Hand Soap	
3.14 Disposable (disinfected/clean) Gloves	
3.15 Sterilizable rubber surgeon's gloves	
3.16 Cotton swabs	
3.17 70% ethyl or isopropyl alcohol or Betadine (Iodoform)	
3.18 Chlorox	
3.19 Electricity	
3.20 Electric boiler <u>or</u> autoclave <u>or</u> dry heat oven	
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3.9 Maintenance & Repair Procedures	
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10.7 Lighting	
10.8 Ventilation	

BLOCK A: CLINICAL SERVICES MANAGEMENT

1.0 CLIENT REGISTRATION, HISTORY, FP INFORMATION (NURSE'S RESPONSIBILITIES)

1.1 Greets the Client

1. Provider introduces self to client.
2. Addresses client by name.
3. Uses gentle, kind voice.
4. Offers client seat (makes her comfortable).
5. Determines client eligibility (married and between age 16-49).
6. Asks how the client wishes to be helped/Determines whether new or return client.
7. Reassures client that visit, and what is said, is confidential.
8. Listens attentively to client.
9. Maintains eye contact.
10. Uses a language level that the client can understand.

1.2 Takes History

1.
 - a. if **new client**, obtains history and writes in Client Medical Record.
 - b. if **return client**, updates history and writes in Client Medical Record.

History includes: general data, obstetrical history, FP methods usage, menstruation, medical history.
2.
 - a. if **new client**, asks client which method interests her and notifies physician prior to physical examination.
 - b. if **return client**, determines if there are any problems or questions requiring consultation with physician (if no problems or questions for physician, nurse provides resupply of contraceptives for return client).

1.3 Tells Client about Family Planning Methods

1. **New clients** are presented with information about the approved methods of family planning (even though referral may be necessary) including:
 - Oral Contraceptives
 - IUD
 - Injectable Contraceptives
 - Spermicides (foaming tablets and creams)
 - Condoms
 - Diaphragm
 - Lactational Amenorrhea Method
 - Abstinence
 - Coitus interruptus (Withdrawal)
 - Fertility Awareness Charting
 - Cervical Mucus Method
 - Sympto-Thermal Method
2. Any misinformation or rumors that the client has about FP methods is corrected.
3. The discussion about each of the available methods must indicate:
 - a. Mode of action
 - b. How method is used
 - c. Advantages
 - d. Disadvantages and side effects
 - e. Effectiveness
 - f. Cost
4. Family planning information session takes place in area of privacy and comfort.
5. Nurse explains what will happen during visit (i.e., describes examination and laboratory tests).

1.4 Post-provision Counseling

The following actions occur after the provision of method.

1.5 Return Appointment Confirmed

After method is provided and post-provision method-specific counseling is completed:

1. Client is informed where to go for emergency visits, and instructed when to return for routine follow-up visit and resupply.
2. According to the follow-up visit timing indicated by the physician, return visit appointment is confirmed and written on Client Medical Record and Client Identification Card.

2.0 PHYSICAL EXAMINATION, METHOD PROVISION, METHOD SPECIFIC COUNSELING (PHYSICIAN'S RESPONSIBILITIES)

PHYSICAL EXAMINATION PROCEDURES 2.1 - 2.6 MUST BE PERFORMED ON ALL NEW CLIENTS, ALL CLIENTS ANNUALLY, AND ALL CLIENTS WITH PROBLEMS OR COMPLAINTS

2.1 Physical Examination: Blood Pressure

1. Blood pressure taken using functional sphygmomanometer and stethoscope (Nurse may obtain)
2. Recorded in Client's Medical Record

2.2 Physical Examination: Weight

1. Weight taken using a functional adult scale (Nurse obtains)
2. Recorded in Client's Medical Record

2.3 Physical Examination: General Condition/Nutritional Status

1. Observation of client's overall physical appearance, including any condition which may be related to nutritional disorders
2. Recorded in Client's Medical Record

2.4 Physical Examination: Breast Examination

1. Examination of breasts including breast self examination teaching (Nurse may perform)
2. Recorded in Client's Medical Record

2.5 Physical Examination: Abdominal Examination

1. Manual examination of abdomen
2. Recorded in Client's Medical Record

2.6 Physical Examination: Pelvic Examination

1. Speculum observation of cervix
2. Bimanual examination of uterus and adnexa
3. Recorded in Client's Medical Record

2.7 Physical Examination: Laboratory Investigations

1. As indicated by history and physical examination results, laboratory examinations may be ordered, including the following:
 - a. Urine sugar
 - b. Hematocrit or hemoglobin
 - c. Wet smear
 - d. Pap test
 - e. Pregnancy test
 - f. Blood sugar
2. Results recorded in Client's Medical Record

2.8 Choice of Method

1. For all **new clients**, and for **return clients** wishing to change methods, the physician provides the medical information to the client to confirm (agree with) her choice of a method or contraception, or advises her on another method (this information is gathered through the history and physical examination).
2. The client must voluntarily make the decision to accept or refuse a method.

2.9 Provision of Method

⇒ Physician provides most appropriate method based upon history and examination(s) information and the client's preference using the correct procedures according to Standards of Practice and Procedures Manual, and writes in the method in the Client Medical Record.

2.10 Method-specific Counseling

Depending on the method selected, the physician explains the following to the client:

1. How method is used
2. Side effects
3. Danger signs

2.11 Follow-up Visit Timing

⇒ Physician instructs client when to return for follow-up visit and records that information in the Client Medical Record.

2.12 Referral

1. Clients with medical problems detected during history taking or physical examination that are beyond the scope of the facility are referred to a larger facility.
2. Physician gives the client a written note to take to the referral facility which must contain the following information *nurse may prepare referral note in absence of physician*:
 - a. Name of referral facility
 - b. Client's name and age
 - c. Contraceptive method used
 - d. Reason for referral
 - e. Referring physician's name and signature
 - f. Name of referring facility
 - g. Date of referral

3.0 INFECTION PREVENTION

3.1 Procedures for Hand Washing

Hand washing with soap must be performed in the following conditions:

Before:

- a. Examining each client
- b. Putting on gloves
- c. Each injection

After:

- a. Examining each client
- b. Performing IUD insertion
- c. Removing gloves
- d. Each injection
- e. Touching any body fluids, secretions or mucous membranes
- f. Touching wounds or open sores
- g. Touching any instruments used on clients, e.g. speculum.

3.2 Procedures for Use of Gloves

Use disposable (disinfected/clean) gloves for:

- a. Vaginal examination or any contact with vaginal secretions
- b. IUD insertion, No-Touch technique
- c. IUD removal
- d. Handling and cleaning dirty instruments

2. Use sterile (surgeon's rubber) gloves for:

- a. IUD insertion, hand loaded (Lippes Loop)
- b. Norplant insertion and removal

Sp

3.0 INFECTION PREVENTION

3.3 Procedures for Cleaning & Decontamination of Instruments

1. Soak in chlorox solution for 10 minutes immediately after use and prior to washing
2. Wear disposable gloves and scrub instruments with brush in soapy water to remove all dirt, blood and secretions.
3. Rinse in running water

3.4 Procedures for High-level Disinfection and Sterilization

- High-level disinfection of instruments is adequate to perform the following clinical procedures:
 - Pre-loaded IUD insertions (No-Touch technique)
 - Vaginal examination by speculum
- High-level disinfection can be achieved by either of the following methods:
 - a. By soaking washed instruments for 20-30 minutes in one of the following solutions:
 - i. Iodoform (Betadine) -- deep orange color
 - ii. 70% ethyl or isopropyl alcohol
 - iii. Chlorox -- 0.5% solution (use only if other solutions unavailable -- will damage metal instruments)
 - b. By boiling washed instruments in an electric boiler using the following method:
 - i. Completely submerge in water.
 - ii. Close lid and bring to rolling boil.
 - iii. Boil for at least 20 minutes.
- 2. Sterilization of instruments and surgeon's rubber gloves by autoclave or dry heat oven is required in units performing hand-loaded IUD insertions (e.g., Liope Loop) and/or Norplant insertion/removal: Use exact procedure steps for "Autoclave" or "Dry Heat Oven" in NFPSG pages 51-55.

3.5 Procedures for Antisepsis

- Client's skin or mucous membranes should be wiped with cotton wool soaked in an antiseptic solution before performing the following procedures:
 - a. Injecting injectable contraceptives
 - b. Taking blood samples
 - c. Cervical swab before IUD insertion (only use Betadine)
 - d. Norplant insertion/removal
- 2. Acceptable antiseptic solutions include:
 - a. 70% ethyl or isopropyl alcohol
 - b. Savlon
 - c. Betadine
 - d. Dettol

3.6 Procedures for Cleaning & Decontamination of Unit

- 1. The Unit must be:
 - a. Swept daily (including all floors and walkways).
 - b. Wet mopped at least one time each day with antiseptic solution.
 - c. Toilet and sink cleaned daily.
 - d. Furniture, door frames and windows cleaned weekly.
 - e. Waste baskets must be washed daily.
 - f. Clean linens must be available.
- 2. Examination room table tops must be washed with Chlorox solution twice each day.

3.7 Procedures for Waste Material Disposal

1. At the end of every day, the waste material (e.g., IUD insertion rods, used disposable gloves, needles and syringes, used cotton wool) in all waste baskets in the unit must be wrapped in paper or plastic and deposited into the waste receptacle, or directly into the disposal or deposit site.
2. If a waste receptacle is used, it must be emptied weekly into the disposal or deposit site.

3.0 INFECTION PREVENTION

3.8 Area for Cleaning/Sterilizing/Disinfecting

1. An area in the unit (a separate room or a part of a room) must be designated for equipment cleaning, decontamination, disinfecting and/or sterilizing.

2. There must be a sink with running water in that area.

3.9 Storage Area for clean/sterilized/disinfected supplies & instruments.

There must be a separate storage area, e.g., a cabinet drawer(s) or shelf(s), for clean/sterilized/disinfected supplies & instruments.

3.10 Running Water

Water must flow from the faucet(s) into the sink(s) in the unit during FP clinic hours.

3.11 Sink for Hand & Instrument Washing

A porcelain or stainless steel sink which has adequate drainage to a sewerage system or septic tank and running water during FP clinic hours.

3.12 Instrument Scrub Brush

A usable scrub brush for cleaning instruments must be available (tooth brush not acceptable).

3.13 Hand Soap

A bar or hand washing soap must be available.

3.14 Disposable (disinfected/clean) Gloves

Disposable (disinfected/clean): each FP unit must have 3 months supply.

3.15 Sterilizable rubber surgeon's gloves

Sterile (rubber surgeon's): each unit which performs hand-loaded IUD insertions (e.g., Lippes Loop) and/or Norplant insertion/removal is required to have a minimum supply of 10 pairs.

3.16 Cotton Swabs

1. For cervical antiseptics and antiseptics for injection

2. Must have a three month supply

3.17 70% Ethyl or Isopropyl Alcohol or Betadine (Iodofor)

Three month supply

3.18 Chlorox

Three month supply

3.19 Electricity

1. Must be available during FP clinic hours.

2. There must be functional receptacles in areas where electric boiler, autoclave, side lamp, ventilation fans and other electrical equipment are used.

3. There must not be electrical extension cords running on floor which may cause staff or clients to fall.

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3.20 | Electric boiler or autoclave or dry heat oven

Each Unit is required to have one of the following:

Electric boiler:

1. Must be in working condition.
2. Must have lid and perforated lifting container.
3. Boiler tray must be big enough to accommodate a complete set of IUD insertion instruments completely submerged in water.
4. Electric cord must not be frayed and must have a plug which fits into electrical receptacle in sterilization area/room.

Autoclave:

1. Must be in working condition.
2. The chamber and cycle settings must be suitable for the type of instrument containers/holders/wrappers used for sterilization.
3. The following drums must be available (where applicable): one for rubber gloves, one for IUD instruments, one for linen supplies.
4. Electric cord must not be frayed and must have a plug which fits into electrical receptacle in sterilization area/room.

Dry heat oven:

1. Must be in working condition.
2. The chamber and cycle settings must be suitable for the type of instrument containers/holders/wrappers used for sterilization.
3. Electric cord must not be frayed and must have a plug which fits into electrical receptacle in sterilization area/room.

3.21 | Waste baskets & waste receptacle

Waste baskets:

1. Must be one in each FP room in unit.
2. Must be of washable plastic or metal.
3. Must be kept in protected location away from animals or unauthorized persons.

Waste receptacle (trash can):

1. Must be large enough to hold waste material for one week.
2. Must be of washable plastic or metal.
3. Must have security fitting cover.
4. Must be kept in protected location away from animals or unauthorized persons.

4.0 | CLIENT SATISFACTION

The following information should be obtained by asking at least 5 family planning clients the following questions after they have received services at the unit:

4.1 | Waiting Time

Did you have to wait too long?

4.2 | Staff Courteousness

Was the staff courteous?

4.0 CLIENT SATISFACTION**4.3 Information Given**

Were you satisfied with the information you were given about the family planning method you have chosen?

4.4 Unit Cleanliness & Maintenance

Was the unit clean and well maintained?

4.5 Cost

Did the service you received cost too much?

5.0 CONTRACEPTIVE COMMODITIES**5.1 Oral Contraceptives**

A two month minimum supply and a three month maximum supply of each of type of oral contraceptive, based on client load, must be in stock (current stock is limited to Anovlar, Microvlar, & Primovlar).

5.2 IUDs

A two month minimum supply and a three month maximum supply of IUDs, based on client load, must be in stock (current stock limited to CuT-380A).

5.3 Foaming Tablets

A two month minimum supply and a three month maximum supply of each type of foaming tablets, based on client load, must be in stock (current stock limited to Flower and Neo-Samooni).

5.4 Condoms

A two month minimum supply and a three month maximum supply of condoms, based on client load, must be in stock.

5.5 Injectables

A two month minimum supply and a three month maximum supply of each type of injectable contraceptive, based on client load, must be in stock (current stock limited to Depo-Provera and Noristerate).

5.6 Sterile Disposable Syringes

Quantity required: same as number of injectable contraceptives given during 2 month period (see 5.5).

2. Must be 3cc size.

BLOCK B: SUPPORT SERVICES MANAGEMENT**6.0 IEC ACTIVITY****6.1 Posters displayed on Walls**

A variety of MOH/SDP family planning posters must be displayed on walls of FP clinic rooms and waiting areas.

6.2 Booklets (Contraceptive Methods)

A one month supply (based on client load) of each of the following booklets must be available for use in client education:

- | | |
|-------------------------------|---------------------------|
| 1. IUD booklet | 3. Foaming Tablet booklet |
| 2. Oral Contraceptive booklet | 4. Injectable booklet |

6.3 Contraceptive Cafeteria

The Unit must have a "contraceptive cafeteria" to display to clients during counseling (a box that contains a sample of each of the contraceptives available at the unit).

Only samples of currently available methods must be in the box.

If there is a poster in the Unit which also displays the methods contained in the "cafeteria," the methods must be the same as those in the "cafeteria."

6.4 Client Counseling Flip Chart

Unit must have MOH/SDP Client Counseling Flip Chart for use with each client in providing information and education before client method choice and acceptance.

7.0 RECORDS & REPORTS**7.1 Client Medical Record Supply**

A three month supply must be available (for new clients).

7.2 Client Medical Record Storage

The Client Medical Records are correctly stored by client number in a file cabinet.

For Standards 7.3, 7.4, 7.5, 7.8 and 7.9, select a number of clients from the previous month's Client Registration Log (the selection should be random, yet representative of the range of methods dispensed at the Unit). The number selected should be:

- 5 if the client load for the previous month was less than 100; OR
- 10 if the client load for the previous month was 100 or more.

7.3 Client Medical Record Retrieval

The unit staff must be able to retrieve the Medical Records of all 5 (or 10) clients selected.

7.0 RECORDS & REPORTS

7.4 Client Medical Record (Nurse's Section)

Each of the 5 (or 10) Client Medical Records selected is checked as follows:

The following sections of the form are completed, as required:

- a. General Data
- b. Obstetrical History
- c. FP Methods Usage
- d. Menstruation
- e. Medical History
- f. Weight & Blood Pressure
- g. Name and Signature
- h. Follow-up Appointments & Methods Dispensed

1. Accurate responses are written in for each question.
2. Responses are written or marked inside boxes, not outside.

7.5 Client Medical Record (Physician's Section)

Each of the 5 (or 10) Client Medical Records selected is checked as follows:

The following sections of the form are completed, as required:

- a. Service Given
- b. General Examination
- c. Pelvic Examination
- d. Investigations (if performed)
- e. Examination Findings/Management
- f. Name and Signature

1. Accurate responses are written in for each question.
2. Responses are written or marked inside boxes, not outside.

7.6 Client Identification Card Supply

A three month supply must be available. Two identification cards are needed for each new client.

7.7 Client Identification Card Storage

The cards are stored alphabetically in a container.

7.8 Client Identification Card Retrieval

The Client Identification Cards for the 5 (or 10) clients selected can be retrieved by using the clients' names.

7.9

Client Registration Log

The totals for each page of the previous month's Log equal the total number of clients for that page for the following columns:

- a. "Type of Visit"
- b. "Client Age"
- c. "Type of Client"
- d. "Number of Children"
2. At least one reason is marked in the "Reason of Visit" column for all clients on each page of the log.
3. The Methods Dispensed are clearly marked for all clients who are marked "Obtain Method" in the "Reason for Visit" column.
4. The "Reason of Visit" column(s) marked match the service given for visit recorded in the 5 (or 10) Client Medical Records selected.
5. The "Methods Dispensed" column marked matches the method dispensed recorded in the 5 (or 10) Client Medical Records selected.

7.10

Quarterly Activity Report

The numbers recorded for each contraceptive method in the "Methods Dispensed" section of the previous Quarterly Activity Report are the same as those recorded on the following forms:

- Client Registration Log Summary Page
- Contraceptive Stock Register (Form 1-18)
- TA-8
- 2. The totals recorded for clients on the previous Quarterly Activity Report are the same as the totals recorded on the Registration Log Summary Page.
- 3. The totals of clients recorded on the previous Quarterly Activity Report are the same in all sections of the Report, except for "Reason of Visit."
- 4. Previous Quarterly Activity Report submitted on time.

8.0

CLINIC MANAGEMENT

8.1

Minimum Number of Trained Physicians

8.2

Minimum Number of Trained Nurses

Unit must have the required minimum number of physicians and nurses available during the FP Unit hours, trained in family planning methodology, according to the chart below.

Type of Unit	Physician (General Practitioner)	Physician (Specialist)	Nurse	Assistant Recruiter, Social Worker)
Hospital	-	1	2	1
MCH Center	1	-	1	-
Basic Unit	1	-	1	-

8.3

Job Descriptions

The staff of the unit must display, or be able to provide, copies of all relevant job descriptions for personnel working at the unit, including:

1. Job description of FP Physician
2. Job description of FP Nurse
3. Job descriptions of key auxiliary staff (e.g., Social Worker)

8.0 CLINIC MANAGEMENT**8.4 Teamwork**

It must be determined either through observation or interview that the unit team (FP Physician(s), Nurse(s) and auxiliary staff) is engaging in effective teamwork, including:

1. Participative problem solving and brainstorming in dealing with problems that occur in the unit and planning of future activities.
2. Each unit team member has an adequate understanding of his/her role on the team and has a basic understanding of the roles and responsibilities of the other team members.
3. The unit team can show evidence of regular (weekly) team meetings at which clinic performance, future activities and team functioning are discussed.

8.5 Reference Materials

The staff of the unit must be able to produce a usable copy of the following:

- a. National FP Service Guidelines
- b. Standards of Practice for FP Clinical Services
- c. Clinical Procedures Manual for Physicians
- d. Clinical Procedures Manual for Nurses
- e. Management Information System Manual
- f. Standards of Service

8.6 Targets

The staff at the Unit can explain the meaning and use of the following information from the Target Setting Form:

1. Catchment Area Population
2. Catchment Area MWRA
3. Catchment Area Contraceptive Prevalence Rate
4. Methods Targeted for Year

8.7 Statistics Displayed

Statistics for the current year are displayed on a wall in the Unit, including:

1. Targets by Year
2. QIP Score by Quarter
3. Number of Clients served by Method by Month

8.8 Supervisor's Log/Supervisory Team's QIP Recommendations

1. A copy of the Supervisor's Log is available.
2. All supervisory visits in the past 3 months have been accurately recorded.
3. A copy of the previous quarter's Supervisory Team QIP Recommendations for improvement must be available.

8.9 Maintenance & Repair Procedures

The Unit staff are using the correct procedures for maintenance and repair of the unit's equipment and facilities:

8.10 Commodity Ordering, Receiving, & Inventory Procedures

The Unit staff are using the correct ordering, receiving and inventory procedures for the following commodities:

- a. Contraceptives
- b. Forms
- c. Other supplies
- d. Equipment
1. The Unit staff can produce a copy of Order Form 111 for the previous month which indicates that the correct quantity of commodities has been ordered.
2. The Unit staff can produce a copy of Receiving Form 112 for the last order of commodities received.
3. The Unit staff can produce a copy of Inventory Form 113 for the last inventory taken.

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BLOCK C: FACILITIES & EQUIPMENT MANAGEMENT

9.0	CLINIC EQUIPMENT, FURNISHINGS, SUPPLIES
9.1	Desk with Chair
1.	There must be a minimum of one desk in each FP room in unit where writing takes place.
2.	There must be a chair available with the desk.
3.	Must be usable (e.g., sturdy legs and smooth writing area).
4.	Must be clean (no dust, rust, dirt, soiled areas).
9.2	Chairs
1.	There must be an adequate number of chairs in the FP room to accommodate clients who are waiting and those who are being interviewed and/or counseled (minimum: 4).
2.	Must be usable (e.g., sturdy legs and seat).
3.	Must be clean (no dust, rust, dirt, soiled areas).
9.3	OB/GYN Examination Table & Stool/Chair
1.	Examination table: <ul style="list-style-type: none"> a. Padding must not have open tears or splits. b. Must be usable (e.g., sturdy legs and padded area). c. Must be clean (no blood, dust, rust, dirt, soiled areas).
2.	Stool/Chair: <ul style="list-style-type: none"> a. Must be at examination height. b. Must be usable (e.g., sturdy legs and seat). c. Must be clean (no dust, rust, dirt, soiled areas).
9.4	Supply/Instrument Cabinet(s)
1.	There must be one cabinet large enough to store the unit's contraceptives, supplies and instruments <u>or</u> separate cabinets for each of these commodities.
2.	Must be lockable.
3.	Must be well organized.
4.	Painted surfaces must be intact (e.g., no rust or chipped paint).
5.	Must be clean (no dust, rust, dirt, soiled areas).
9.5	Records Cabinet
1.	There must be a cabinet large enough to store the unit's FP records and blank forms.
2.	May be a filing cabinet or cabinet with shelves.
3.	Must be well organized.
4.	Painted surfaces must be intact (e.g., no rust or chipped paint).
5.	Must be clean (no dust, rust, dirt, soiled areas).
9.6	Instrument Table or Trolley
1.	<ul style="list-style-type: none"> a. One table/trolley large enough to hold at least one IUD insertion set of instruments and all necessary auxiliary equipment <u>OR</u> b. Two tables/trolleys: one large enough for IUD insertion instruments, and one for all necessary auxiliary equipment.
2.	Must be usable (e.g., sturdy legs and surfaces, functional wheels if trolley).
3.	Painted surfaces must be intact (e.g., no rust or chipped paint).
4.	Must be clean (no dust, rust, dirt, soiled areas).
9.7	Privacy Screen (Paravan or Partition)
1.	Must be large enough to provide privacy for physical examination/IUD insertion area.
2.	If paravan, no rips, tears, holes or stains on cloth.
3.	Painted surfaces must be intact (e.g., no rust or chipped paint).
4.	Must be clean (no dust, rust, dirt, soiled areas).

9.0 CLINIC EQUIPMENT, FURNISHINGS, SUPPLIES

9.8 Side Lamp

1. Must have working bulb which is bright enough to illuminate vaginal examination and IUD procedures.
2. Must be adjustable (e.g., gooseneck).
3. Must be sturdy (i.e., free standing).
4. Must be clean (no dust, rust, dirt, soiled areas).
5. Electric cord must not be frayed and must have a plug which fits into electrical receptacle in physical examination/IUD insertion area/room.

9.9 Sphygmomanometer

1. Must be demonstrated to be functioning properly.
2. Must be clean (no dust, rust, dirt, soiled areas).

9.10 Stethoscope

1. Must be demonstrated to be functioning properly.
2. Must be clean (no dust, rust, dirt, soiled areas).

9.11 Stand with Two Basins

1. Must be sturdy (i.e., free standing, basins must fit in stand).
2. Must be clean (no dust, rust).

9.12 Specula

1. The following sizes of Graves Vaginal Specula are required:
 - a. Medium
 - b. Large
2. Quantity required of each: must equal ½ clients seen on busy day or 3, whichever is greater.
3. Must be demonstrated to be functioning properly.
4. Must be clean.

9.13 IUD Insertion/Removal Instrument Pan with Cover

1. Quantity required: at least one (1) pan with cover.
2. Cover must fit properly on pan.
3. Must be clean.

9.14 IUD Insertion Iodine Cup

1. Quantity required: at least one (1).
2. Must be large enough to accommodate a cervical swab.
3. Must be clean.

9.15 IUD Insertion Forceps

1. The following types of forceps are required:
 - a. Oval
 - b. Uterine Tenaculum
2. Quantity required of each: must equal ½ total IUD insertion clients seen on busy day or 3, whichever is greater.
3. Must be demonstrated to be functioning properly.
4. Must be clean.

9.16 IUD Insertion Scissors

1. Must be curved, blunt end.
2. Quantity required: must equal ½ total IUD insertion clients seen on a busy day or 3, whichever is greater.
3. Must be demonstrated to be functioning properly.
4. Must be clean.

9.17	IUD Insertion Sound, Uterine
1.	Must be graduated.
2.	Quantity required: must equal $\frac{1}{2}$ total IUD insertion clients seen on a busy day or 3, whichever is greater.
3.	Must be clean.
9.18	IUD Removal Instruments
1.	The following instruments are required: <ul style="list-style-type: none"> a. Artery Curved b. Crocodile c. Hook
2.	Quantity required of each: must equal $\frac{1}{2}$ total IUD removal clients seen on a busy day or 3, whichever is greater.
3.	Must be clean.
9.19	Auxiliary Equipment
1.	Must be demonstrated to be functioning properly.
2.	Must be clean (no dust, rust, dirt, soiled areas).
3.	Includes: <ul style="list-style-type: none"> a. Instrument lifters (forceps) and container (Minimum quantity: 2 lifters, 1 container) b. Kidney dishes (Minimum quantity: 2) c. Dressing jar for swabs (Minimum quantity: 1) d. Flashlight -- for when electricity is off (Minimum quantity: 1)
9.20	Adult Scale
1.	Must be functional and accurate.
2.	Must be clean (no dust, rust).

10.0	CLINIC FACILITIES
10.1	Family Planning Room(s)
1.	Must be large enough (minimum size 3m X 4m) to accommodate all FP operations, including counseling, examination, IUD insertions, methods storage, record keeping, etc. (may be two or more rooms).
2.	Must be well organized.
3.	Must provide adequate privacy for counseling, physical examinations, IUD insertions (e.g., curtains on windows where necessary).
4.	Must be attractively painted and decorated.
10.2	Waiting Area
1.	Must have adequate space to accommodate all clients waiting for services on busy day.
2.	There must be an adequate number of chairs or benches to accommodate all clients waiting for services on busy day.
10.3	Private Area(s) for Counseling & Physical Examination
1.	Private area for counseling: <ul style="list-style-type: none"> Unit must have a separate room, or area of a room screened by partition(s) or paravan(s), that allows a client privacy from being overheard while being counseled.
2.	Private area for physical examination: <ul style="list-style-type: none"> Unit must have a separate room, or area of a room screened by partition(s) or paravan(s), that allows a client privacy from being seen while being examined.
10.4	Toilet

10.0	CLINIC FACILITIES
10.5	Minor Laboratory Area
1.	An area of the clinic must be designated for minor laboratory procedures that contains a table large enough to hold the necessary laboratory equipment and supplies, <u>OR</u>
2.	There must be a functional laboratory in the clinic building capable of performing the investigations required for the Family Planning unit.
10.6	Cleanliness
1.	The following must be observed to be clean (no dust, dirt, grime, trash, cobwebs, or soiled areas):
a.	Floors of all rooms, corridors and walkways including any carpets
b.	Furniture
c.	Equipment
d.	Instruments
e.	Toilet(s) and sink(s)
f.	Doors and windows
g.	Walls
h.	Lighting fixtures
i.	Ceilings
2.	The grounds surrounding the unit must be free of trash, debris, rubble, and waste materials.
3.	Waste disposal site must be properly maintained and secure from animals and unauthorized persons.
10.7	Lighting
	Adequate lighting must be available from natural sources (windows) and functioning electric lighting.
10.8	Ventilation
	Adequate ventilation must be available from natural sources (windows) and functioning electric fans.