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**REPORT**

**ON**

**THE ASSESSMENT OF TRAINING  
PROGRAMMES SUPPORTED THROUGH  
THE GOVERNMENT OF TANZANIA/UNICEF  
COUNTRY PROGRAMME OF COOPERATION  
1997-2001**

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**June, 1999**

## **INTRODUCTION**

The Government of Tanzania and UNICEF Country Programme (CP) of Cooperation 1997 – 2001 aims at improving the living conditions of children and women in the country. The key strategy of the Programme is community-based. To attain the overall objective of the CP, it was planned to assist communities and Local Authorities to enhance their capacity in planning and managing social development as well as in maintaining information management systems; support to Basic Education; enhance efforts for HIV/AIDS prevention and care and on Malaria prevention and control; increase efforts and awareness for social mobilization for the human rights of children and women including development of a framework for implementing CRC and CEDAW; and strengthening UNICEF's contribution to macro-level policies through a stronger role in social policy formulation and analysis, monitoring and evaluation.

The Country Programme employs three basic interventions strategies: delivery of specific social services: capacity building and advocacy. The choice of intervention strategy expresses the priority given to different programme objectives and concerns and how they relate to human rights of women and children. The three strategies are alternative, but not mutually exclusive. It is expected that the application of these strategies should be for the ultimate purpose of improving the situation of children and women. Capacity building becomes a number one strategy in the Country Programme because if effectively implemented, it provides the programme duty bearers and partners ability to move ahead on their own, and therefore sustaining social development.

### **Capacity building strategy was targeted to:**

- Improve and promote capacity the of communities in assessing, analyzing and planning community actions for children and women.
- Strengthen the capacity of key actors at district, ward and community levels to support communities in their development efforts, providing technical support to increase the community based interventions.
- Increase ability of district authorities and village governments to mobilize and manage resources and to coordinate the efforts of the relevant partners for improved community development.
- Strengthen capacity at village, ward and district levels through expanding knowledge and skills aimed at influencing communities to work more effectively and to change their behaviors towards adoption of new CSPD ideas such as the human rights of children and women, as well as utilization and maintenance of social services.
- Strengthen capacity of the districts and villages to develop gender sensitive plans and programmes in order to reduce gender disparity and promote objectivity in community development.

- Build the capacity of communities and districts to generate, compile, interpret and manage community-based information to understand the implications of such information towards community development.

To sum up, training is one of the key strategies of capacity building. It will also continue being the major sub-set of capacity building in the implementation of UNICEF supported CP. Training is focussed on investing on human mind to change attitude, practices and behavior, increase knowledge and skills. To this regard, training must have a clear purpose and this purpose has to be clearly defined in terms of objectives of the training, target groups and their responsibilities in social development.

This training assessment was conducted as part of the CP Mid – Term Review exercise to inform the process on the implementation of training and to recommend the way UNICEF should support training in future, especially regarding Monitoring and Evaluation (M&E) of training programme to determine the impact made in changing the condition for children and women.

### **Objectives of the Training Assessment**

The overall objective of the training assessment was to generate ideas towards the development of a framework to guide formulation of training programmes, and how to monitor and evaluate the programmes in order to increase efficiency and effectiveness of CP training within the context of the capacity building objectives.

The Specific Objectives of the Training Assessment were to:

- Review the formulation of training packages/manuals and the training process in order to determine issues of needs and demand; involvement of target group; and other partners, linkages and coordination.
- Undertake a capacity gap analysis to find out whether the training helped the actors and the beneficiaries to resolve community problems.
- Find out in particular whether training processes had taken into account the key recommendations of the Training Review of 1996.
- Make recommendations that will contribute to improving future training programmes particularly with regard to relevance, purpose and monitoring and evaluation of impact.

The report is presented in three main parts: pre-training process, actual training process and the post training process. Each process is crucial and important to any training and inadequacies of one may render the next process ineffective. Specific recommendations will be made under each section and general recommendations will be presented at the end of the report.

## Methodology

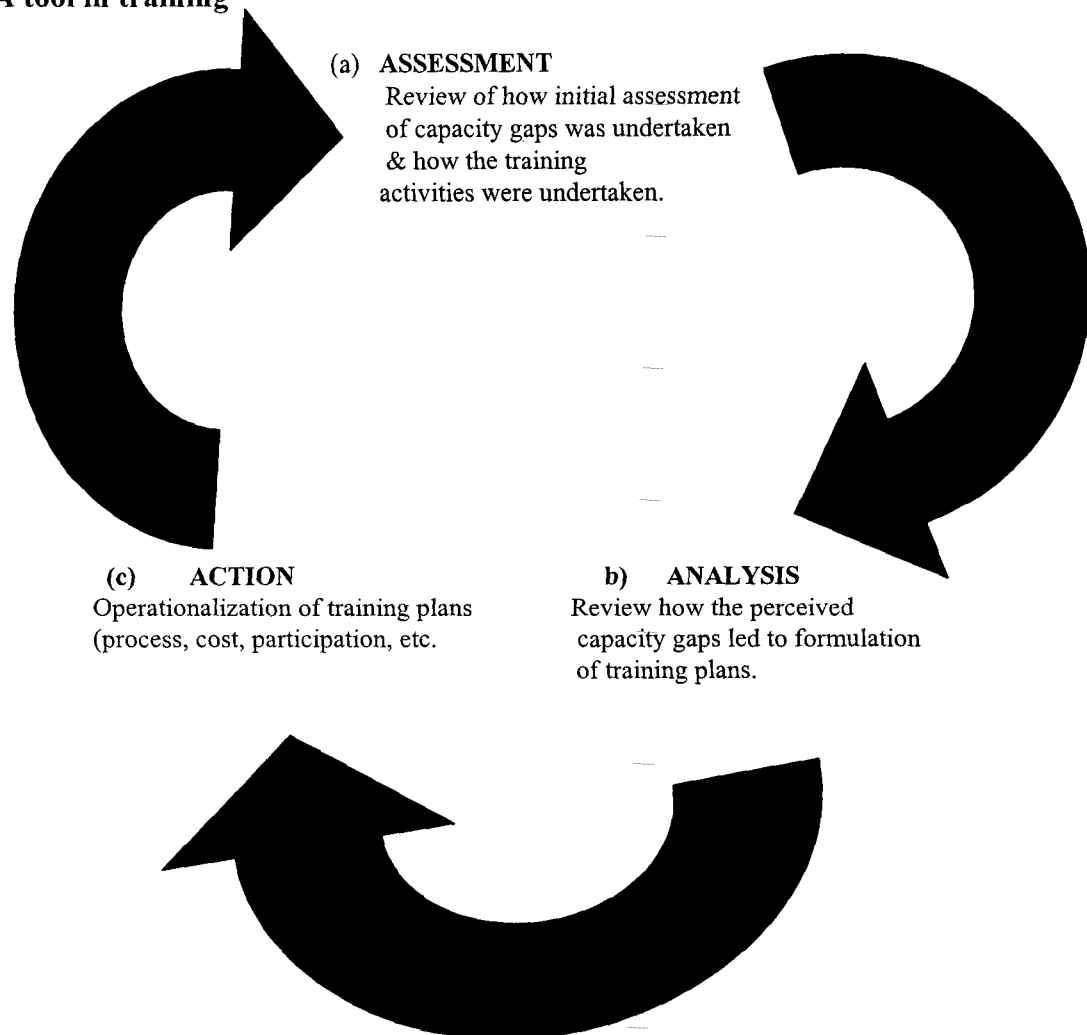
Two UNICEF National Project Officers, from the Community Based Capacity Building, and Communication Section and from the Monitoring and Evaluation Section conducted a rapid assessment on some of the training supported by UNICEF at different levels.

Several methodologies were involved during the assessment. Desk review on training packages/manuals and the training review report; in house consultations and discussions with the professionals and relevant project officers who have been directly involved with the development of the training packages. Field visits in four districts- Unguja South in Zanzibar, Kibaha, Morogoro Rural and Morogoro Urban in Mainland Tanzania.

Participant observation during training workshops. Simple tools were developed to guide interviews and discussions at national, district, ward and village levels. Interactions focused on the programme managers, functionaries trained as Training of Trainers (TOTs), trainees and beneficiaries at community level.

Due to limited time, the team covered only a small sample of functionaries and beneficiaries. The purpose was primarily to develop and try out a more focussed approach to formulation, monitoring and evaluation of training programmes rather than to make a complete assesement of training activities undertaken.

### Triple A tool in training



## Forms of Training

The Country Programme has supported several forms of training, including formal training, workshops/ seminars on specific themes, on the job training and study tours. Table 1 below presents the planned training events in the Programme Plan of Operation 1997-2001. The assessment revealed that on the job training planned under the country programme surpasses all others.

**Table 1: Forms of Training Planned under the CP 1997 – 2001**

Programme	Formal training events	On-the job training	Workshops/ seminars	Study tours	Target level
1. Social policy analysis, monitoring and evaluation	-	1	6	-	On job training - district (1), workshops- national (6)
2. Health, Nutrition, water, Sanitation and environment		16	3	1	On the Job training and seminars-t national (7); district (6) and community (5), study tour- national (1); workshop- local NGOs (1)
3. Basic Education	1	6	4	-	On the job training targeting districts (4); national (2)workshops and seminars- national (1), district (1), NGOs (1) and Formal Training-COBET (1)
4. Children and Women's Rights	-	4	1	-	On the job training targeting districts (2); national (2); seminars-national GoT & NGOs (1)
5. Community Based Planning and Coordination	-	7	4	-	On the job training targeting districts (6); ward (1); workshops/seminars - national GoT & NGOs /media (3);community (1)
6. ZNZ Programme	-	3	10	-	On the job training - districts (3),workshops-national (2), district (2), community (6)
7. Emergency Response	1	1	1	-	Formal /nom-formal training targeting out of school children (1);and on the job training targeting refugee educators and social care workers (1) workshops (1)
<b>Total</b>	<b>2</b>	<b>38</b>	<b>29</b>	<b>1</b>	

Source: Programme Plan Of Operation 1997 - 20001

The forms of training presented in the table above were planned in the Project Plan of Operation of CP and therefore there may have been some changes in the course of implementation. Formal training have received the least focus in programme implementation. The formal training respond to technical demands to better skills to do certain development functions. These training include those of Village Health Workers newly recruited, children and youths who were not able to access education through the formal system of education and refugee adults and children to literacy skills. The limited focus on formal training in the CP is explained by the fact that most of the programme actors are within the government structure and have already undergone formal training. Although study tours as a form of training, is very effective in promoting practical experiences especially for actors from the field, it was the least planned training.

During the previous CP, community members from one district would be supported to go and visit their counterparts in another district to training through field experiences achievements as well as constraints. Upon return to their communities they would apply some of the lessons learned from the study tour to influence changes in the implementations of the CSPD programme in their areas. Such study has motivational aspects as well. Both the visiting and the host community feel motivated. The visitors are motivated by the fact that s/he gets an opportunity to go out to see efforts of other communities in CSPD. The host community becomes motivated by the fact that it has some experiences to offer to outsiders.

Most of the training interventions planned and implemented in the current country programme are in the form of in-service training or on the job training, geared to enhancing the skills and knowledge of selected actors, mainly in the government system. The review has revealed that most of the training was planned to target personnel in the government institutions. In-service training with NGOs and other Civil Society Institutions was given least priority. These Institutions have been found to be important partners in the programme implementation.

# FINDINGS

## A. PRE- TRAINING PROCESS

### Capacity Gap Analysis

Pre – training assessment is meant to appraise and set out a baseline situation, and from that plan appropriate and feasible response. The Training Review of 1996 found out that most of the packages were prepared without doing a proper need assessment. The current training assessment revealed that not much effort has been made to implement the recommendations made regarding need assessment. In most of cases the packages were mainly prepared nationally, based on expertise and perception of officers in the government ministries and in UNICEF. Most of the training needs were identified through regular programme reviews.

The Training Assessment also found out that most training packages were developed in response of needs expressed at national levels by sector ministries and the supporting organizations. The responses received from some of the programme manager certify this assertion. For example, UNICEF and the Ministry of Regional Administration and Local Government expressed the need for developing the Participatory Rural Appraisal Training Package, the Gender Training Package was developed to respond to the needs of the district functionaries on how to mainstream gender in development plans; likewise, UNICEF and Ministry of Health expressed the need to develop a Training Package for Community based Malaria control.

The lower levels through consultations during programme reviews informed these needs. Such short consultations cannot tap the real needs of the beneficiaries. Even where attempt was made to conduct needs assessment it was not very logical and systematic. Most need assessments done were limited to determining knowledge and skill gaps; type of people to be trained; and level which to focus.

A logical and systematic pre-training assessment would suggest the following stages:

- Within the context of the CP make an assessment of the situation of women's and children's rights to identify critical problem areas;
- Identification of groups of people affected by different problems and duty bearers who have direct responsibilities in addressing problems.
- Identification of facilitators-Government and NGO/CBO actors who assist in solving the problems.
- Identification of possible institutions that are best placed to conduct training and follow up on performance;
- Identification of capacity gaps other that may need to be in place to support the implementation of training.



The training need assessment process should be focusing on community problems and on changes that a given training is expected to bring to women and children. Also to confirm that the actors identified are really those best placed to carry out the necessary changes and that content of the training really reflects the critical capacity gaps identified. Inadequacy of training needs assessment has led to planning and designing training activities which do not properly focus on performance gaps to be addressed. This might lead to a failure of targeted actors to adopt the knowledge and skills required in solving the identified problems.

### **Package /Manual Development**

Different training packages have been developed through the support of UNICEF. Many of the training packages, manuals and guidelines are sector specific, targeting the same trainees in a series of seemingly uncoordinated interventions. Also cross-cutting issues such as rights and gender have separate training packages. The sector-based planning and implementation has encouraged this practice. The sector approach is often justified in the way it responds to specific capacity demands. The assessment revealed that the problem of coordination was not only with UNICEF supported programmes, but also, other UN and Development Agents were duplicating training packages similar to those developed by UNICEF. Example, PRA and Gender training. The training methods also differ from one organization to the other. Considerable human efforts, financial as well as material resources have gone into producing the packages with little integration and coordination.

Lack of linkages and weak coordination in the packages developed for the CP has led to considerable duplication of resources and imparting of too many messages that often cause confusion among the TOTs and the trainees. Better linkage between training programmes through improved coordination and collaboration is therefore important in order to address problems across CSPD areas so as to bring about the intended training outcomes more effectively.

It was also noted that almost all the packages were somehow designed for and not with the involvement of the beneficiaries. Hardly any needs assessments did involve the beneficiaries, despite the fact that most of the packages were designed for them. Involvement of the key beneficiaries and actors in the process of development of training packages provides an opportunity to draw from the beneficiaries' own experience and knowledge to reinforce the training activities.

The packages/manuals and guidelines were primarily developed by resource persons at national level from relevant ministries and institutions, sometimes with the support of UNICEF staff. Some selected programme actors from the region and the district offices were called in during the process of developing some packages. For example, resource persons from the districts informed the revised Integrated CSPD Package, the Participatory Rural Appraisal (PRA) the Gender training packages. Some of these resource persons were then identified as the Training of Trainers (TOTs) because of their good performance during the process of developing the packages.

In most cases the process of pre-testing the packages/ manual was adhered to in order to find out the appropriateness of the content and the methodology. This exercise was conducted among a small sample of the planned beneficiaries to get their reaction on the packages.

Although pre-testing deals with a small sample, it is one way of involving the target group/beneficiaries.

## **Recommendations**

Most training developed and conducted through UNICEF support somehow have focussed target groups those acting in the programme areas. However, there is a need to carry out a systematic need assessment, a stage that is critical in generating the baseline information on which the content of the training is to be built. It is difficult to make an impact assessment of the training if there is no baseline information on the situation as it pertains to the problems in the community and to the capacity level of the trainees. It is therefore recommend that:

- All future training be preceded by needs assessment following the steps outlined above and the framework proposed in 1996 by the Training Review Team. Programme managers and relevant facilitators should be trained in participatory needs assessment.
- Institute a structure in the office to take the responsibility of coordinating and supervising training supported under the CP to ensure linkage and integration.

## **B. ACTUAL TRAINING PROCESS**

In most cases the process starts with the training of TOTs. It has been found out that, some training programmes are still following a traditional 'cascade' training process in order to reach the targeted beneficiaries. These programmes start preparing national TOT to train district TOTs who in turn train ward TOTs whom then train the beneficiaries at community level. It is very costly to line up TOTs at all the levels, especially with a country as vast as Tanzania.

In some cases training of TOTs has followed the sector packages, resulting to different sector TOTs at each level. For example, in some district there were found different TOTs for PRA, for Rights Training, for Sara Communication Initiative, and CB Malaria Control.

In addition, it was revealed that there are several training packages, manuals and guidelines, which are sector specific, targeted to the same target groups in series of uncoordinated interventions. This also translates to lack of linkage and integration as it was for the development of packages. Some training have been organized and conducted by Zones or districts. In most the cases UNICEF Project Officers and national resource persons have conducted such training. Package that covers content least known by the national counterparts. Some respondents felt that identifying TOTs from the national level often rendered training process ineffective.

The assessment also revealed that most of the TOTs conducted at regional and district levels have not been disseminated to the beneficiaries at ward and village level as expected. This is due to lack of regular follow-up and supervision of the training by those responsible. Also

delay in securing financial and material resources has constrained the implementation of the training.

The assessment covered limited training in Mainland Tanzania and Zanzibar including Malaria Control, Cholera Management, PRA, Guidance and Counseling, Gender Training and Growth Promotion and Monitoring, School Mapping, School Committees Training, and Rights Training for District Teams. Several issues relating to the actual training sessions came up during the training assessment. These include the target groups and level covered, training methodology, pre-testing and post-testing during the training sessions, follow up and supervision during the training, follow up plan of action and provision of resources to support the implementation of training plan.

### **The Training Process and the Targeted Group**

As already stated the target groups for CSPD training are mainly from the government system at different levels. However, there are few cases where NGOs have been involved in the programme training. For example, the Training Workshops on Children and Women Rights for district teams involved several NGOs which are active in Human Rights such as Kuleana (Mwanza Region), Village Sharing Agency (VISA Shinyanga Region), and Adventure in Health Education and Agricultural Development (AHEAD).

The assessment revealed that training processes mainly start at district level targeting top district leaders, key district functionaries from social sectors, heads of departments, Members of Parliament and councilors. At ward level the training cover the ward executive officers, the ward extension workers and the councilors. At village level training is directed to members of the Village Council, village executive officers, village extension staff, village health workers, primary school teachers and selected leaders and members of the community. It was found that most of the training was concentrated at district level with the assumptions that the personnel at this level would take the skills and knowledge to the ward and community levels. This has not always happened as expected.

Often, due to the weak capacity of district TOTs in training and facilitation, the community beneficiaries often received diluted knowledge and skills. The few training seminars/workshops conducted at ward and community levels last shorter time (1 - 3 days) than at district and national levels. There was a feeling expressed by community members that training at lower levels were rushed, leaving the village actors with very limited real understanding of the issue and only with a set of instructions to follow.

It was also revealed that most of those who attended training were selected only on the basis of occupying offices concerned with social development (institution -based selection). No systematic analysis was made on actor capacity gap in relation to role in solving community problems. As a result some actors were found attending one training session after another without knowing exactly what to do with the knowledge and skills learnt/acquired.

In some cases, the key actors who matter in addressing problems for children and women in the community were left out of important training. This trend undermines sustainability of

community development. One example is the training of Cholera Management in Zanzibar, which was taken as emergency intervention to build the capacity of health personnel in health centers to manage cholera cases effectively and efficiently. The training left out crucial actors at community level (shehia level) who if trained would deal with the more sustainable part of cholera prevention and promotion of hygiene and sanitation.

### **Performance Evaluation (Pre-testing and Post-testing)**

During training it is important to conduct a performance evaluation to assess level of knowledge and skills transferred and help facilitators assess their own performance. This also helps to identify areas requiring further clarification or emphasis during the training. Except for few training programmes conducted, it was revealed that most training did not conduct performance evaluation. Again, the study found several good examples of pre/post testing when conducting the courses on Growth Promotion and Monitoring, CB Malaria Control and Cholera Case Management AND Right Training. For example, in South Unguja district during the growth monitoring training the score in pre-testing was 25%, while in the post training the score was 100% which is a very visible and significant change.

### **Training Methodology**

It was revealed that the training methodology employed contributed to the type of performance realized. Different methodologies and techniques were applied during the training sessions. These include lecture methods, group work discussions, role-plays, film show, fieldwork, and participation of children in the Rights training workshops. During TOTs workshops emphasis has always been on the use of participatory and animation techniques which promote effective involvement of participants for greater impact.

The interviewees observed that they gained a lot where practical and participatory methods such as field visits, group discussions, role-plays and interaction with children were applied. These methods provide opportunity for active participation, experience sharing, internalization and individual reflection.

The technique of inviting children to the Workshop on Children and Women Rights in Mwanza (August 1999) to give their views and experiences on issues related to children rights in the area of participation and protection was observed as the most effective method. Many participants internalized and became more aware on the participation and protection rights of children. Based on this experience one participant after making a reflection on his personal relations with his family members made the following remarks during evaluation session:

“I wish I had received this training before I got married. I would not have violated some of the rights of my wife, daughter and grand child. When I go back home I shall apologize and ensure that I respect and provide their rights”

## **Follow -up and Supervision**

Follow up and supervision are very important in the training process. Follow ups help to ensure that training is being conducted as planned in relation to objectives set methodology, target group and duration. Also to check whether training materials and inputs are in place. The study revealed this was the weakest point of the training supported under the programme. Most of the training conducted were not supervised neither by UNICEF nor by programme managers at national, regional and district levels.. This often resulted in weak training due to lack of proper guidance during the training process.

## **Follow-up Plan of Action**

If training were to make a difference to the community, it is apparent that after every training participant would develop action plans, specifically showing how the skill and knowledge learned were going to be applied to meet the training objectives. Such plans also would demonstrate a sense of accountability both on the side of the trainer and that of the participant. The assessment found out that most of the training conducted did not come up with action plans. Lack of action plans limits the dissemination of knowledge and skills to the intended beneficiaries. However there were found few examples in Zanzibar, where the TOTs and the trainees of Community Malaria Control, CB Growth Promotion and Monitoring, Cholera Management and PRA training had developed follow up plans. Also regular implementation reports were submitted to district and national levels. The Right Training at zonal level in Mainland Tanzania also came up with action plans (**See the attached appendix**). This practice should be adopted in all training programmes. These plans therefore, would be the basis for resource allocation, follow-up and monitoring of outcome, effect and impact of the training.

## **Working Tools and other Resources**

For participants to effectively implement training received, they will need some working tools and resources. For example, VHWs would require village registers to be put in place in order to apply their skills in community based management information system. It was found out that working resources are often delayed or not provided at all. In some cases TOTs have waited for a long period before receiving finance and material resources to effect training at lower levels. In Mainland Tanzania the PRA TOTs in some districts could not conduct training immediately due to delay of disbursement of funds from UNICEF. Also monitoring and supervision of training have often been constrained by lack of transport facilities.

## **Recommendations**

- Most training programmes are planned for district level staff and personnel in social services. This is contrary to the fact that social development in any community is a function of many actors in and outside the government system. Also NGOs, CBOs and private sector actors are playing crucial role in community development. There is need to expand the target group for programme training to include key actors from NGOs, CBOs, religious organizations and private sector.

- Actions for children and women are implemented at the community level. This is the reason why the CP adopted the Community based approach to CSPD. Development interventions like training should therefore be directly focused on the community. The next level should be the ward to build their capacity to support the communities and supervise community initiatives. Directed on the job training to the ward and community actors would have greater impact on the programme implementation.
- Training programmes have to be part of more comprehensive and systematic capacity-building efforts.
- Most of the training are implemented by Government partners at national, regional and district offices in collaboration with UNICEF. There is need to identify training institutions especially those placed at district and ward levels to complement training efforts. Reference is made to the Folk Developments Colleges, Community Development Institutes, Teachers Training Centers and Social Welfare Development Institutions whose main functions and responsibilities are training. The use of these other partners- seek the opportunity to make maximum use of the capacity in the field to train, supervise and follow up the training.
- Each training should develop a performance evaluation for pre and post training and the outcome should be integrated in the end of training evaluation.
- Sets of critical inputs/working resources are necessary to fulfill the objective of the training. These should be identified at the planning stage and secured in appropriate time.
- Ensure that each training comes up with action plans to translate what was learnt into actions to improve the situation of children and women.

## C. MONITORING AND EVALUATION OF THE TRAINING

### **Monitoring**

Monitoring involves a routine process of assessing inputs, activities undertaken and outputs of the training. We monitor training to determine **performance, effectiveness and efficiency**. Monitoring indicates any shortcoming in the provision of inputs and execution of training activities and production of outputs in order to take any corrective measures on time.

The training assessment revealed that monitoring of training is integrated in the periodic programme reviews. Programme reviews involves many other activities and thus limiting specific focus on training activities. Due to this limitation, it has been difficult to monitor the trainees in the field to find out their performance and outcomes. Systematic monitoring of the training was often constrained by lack of action plans. In addition, it was found out that monitoring was not an integral part of the training plan.

## **Evaluation**

Evaluation is a long-term impact assessment. It seeks to establish what the training has contributed to the realization of the objectives, which were set. Evaluation will also determine the usefulness of the training in solving social development problems facing communities. The evaluation process also realizes lessons and working strategies which can be applied when designing new training and reviewing target groups.

Since most of the training does not integrate an evaluation plan, the training assessment did not review this aspect.

## **Recommendation**

- When designing training it is important to develop monitoring and evaluation plan, stating clearly what to monitor, designing few indicators to act as a yardstick for assessing outcome and impact. It also important to establish a system of reporting and giving feedback.
- Training for the sake of training is of no good. It is important to develop a system of accountability for training results which involves careful assessment and interpretation of resulted in relation to the problems identified.

## **CONCLUSIONS**

- Training will continue to be the principal strategy of capacity building in the Country Programme implementation. It has become apparent that the strategy needs to be reviewed for improved performance, effectiveness and efficiency.
- Training is a process strategy with steps building on one hand and another. Each step is important, therefore it must be taken seriously and cautiously in order not to fail the next step. Most of the training conducted had short falls in the process. Some lacked needs assessment, follow-up and supervision, while others lacked monitoring and evaluation plan.
- Coordination of training activities was found to be in effective thus leading to duplication, inconsistencies in the way training was conducted and breakdowns in the process.
- Although the programme is the community based and most of the actions take place at community level, training continue to focus at district and regional level. This has resulted into weak implementation by communities due to low capacities.
- Many training have been conducted so far, but the challenge still remains whether these training have made positive changes to the condition of communities, women and children. In the absence of systematic monitoring it has become difficult to trace the direct contributions made by the training to the communities.

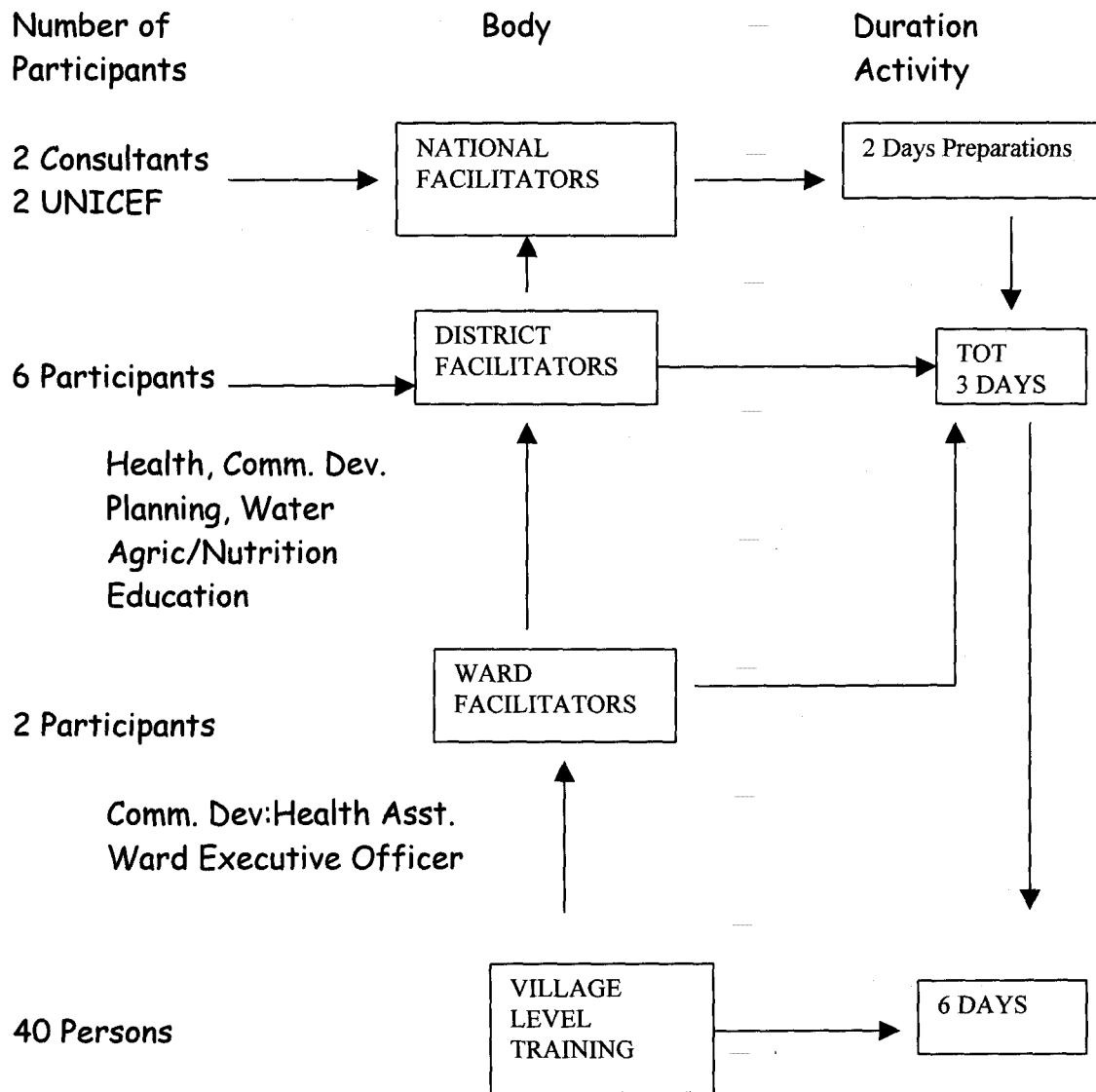
**In the light of the above analysis and conclusions below is a sum up of recommendations for future improvement on training programmes**

- a) Pre-training process is just as important as the training process. It is therefore recommended that:
- Training need assessment, which should address development problems, expressed both at programme and community level and involve all key actors including the communities, should precede all training.
  - Training needs assessment should pay attention to possible areas of linkage to avoid developing unnecessary sectoral/parallel packages. Attention should also be paid to cross-cutting issues such as gender and human rights.
  - Training, the critical aspect of capacity building need to be conducted after conducting needs assessment, specifically to identify the key people who must be reached and are in a position to effect the changes that are required in order to improve the condition of children and women. As much as possible, training should be directed to those people, who have direct responsibility (duty bearers) in implementing social action/human rights of women and children.
- b) So far the programme faces a challenge of how to assess the contribution made by different training supported under the programme. The key question is whether the training did manage to address the most important gaps. Hence, there is a need to develop specific indicators to monitor the outcome of the programme training packages.
- c) Any training conducted is expected to benefit communities who are the ultimate beneficiaries. Those trained would be expected to translate the knowledge and skills gained to improving living conditions in the community. Therefore, training processes should involve communities to express their needs and problems. This would be the basis for the training content, follow up plan and monitoring indicators.
- d) To avoid clashes in training, there is a need to coordinate training at national, regional and district levels. At all these levels there should exist a plan indicating each training, time, place, trainees and the trainers. This plan would also be useful in planning follow-up, supervision and spot checks. Each level to maintain a list of TOTs and trainees for follow-up and future training plan. It is important also for the Regional Project Officers to maintain and keep track of such training plans.
- e) Programme implementation should institutionalize supervision follow-up and monitoring in training.
- f) Based on the findings of the training assessment, UNICEF should specifically:
- Improve its monitoring and follow-up of the quality and relevance of the training implemented especially at local levels.



- Work for a clearer integration and linkage between the different training packages developed at national level.
- Ensure greater consistency in the training approach across sector and programmes supported by UNICEF.
- Support training that responds to needs and demand by the beneficiaries as they relate to their roles and problems in the field ensuring human rights perspective.
- Ensure coordination with other UN Agencies and Development Argents in training programmes in order to minimize overlapping and duplication of resources. Specifically UNICEF should organize jointly training rather than each organization conducting training on its own.

## INTEGRATED CSPD TRAINING STRUCTURE (ANNEX 1)



1. Village Chairperson 1
2. Village Extn. Officer 1
3. Women Group Leaders 3
4. Village Health Comm. 8
5. TBAs 2
6. Traditional Healers 2
7. Hamlet 1 Chairpersons 5
8. Youth Leaders 3
9. Village Influential Persons 4
10. Reps. From Social Dev. Comm. 5

**Annex 2**

**FRAMEWORK/TOOLS FOR ASSESSING TRAINING**

Type of Training	Problem Addressed	Target Group	Role in Solving Problem	Outcome of Training	Impact of Training
<p>1. Participatory Rural Appraisal (PRA). In Zanzibar the training was conducted directly to the beneficiaries at the Shehia level. The National and district TOTs facilitated the training</p>	<p>Inadequate skills and knowledge among community members (in the Shehia) to articulate and prioritize community problems and to develop a social action plan as well as identifying resource sources.</p> <p>Inadequate skills for facilitating PRA at Shehia level</p>	<p>Shehia members</p> <p>District and Shehia level personnel</p>	<p>Collectively involved in articulating the priorities and identifying key actors in implementing the Shehia plans</p> <p>Facilitating the training and support Shehia members in the process of developing Shehia plans</p>	<p>4 Shehia developed CB social action plans.</p> <p>48 community resource persons acquired knowledge and skills on PRA 11 national TOTs adopted PRA to ZNZ situation and facilitated training in four Shehias</p>	<p>Communities empowered by the fact that they could draw own priorities and plans, mobilize resources with the Shehia to implement plans without entirely depend on external support.</p> <p>National and District level TOTs slowly changing altitude towards community ability in planning and mobilizing resources for implementation</p>
<p>2. PRA training in Tanzania Main land. Was conducted to</p>	<p>Inadequate skills and knowledge on participatory tools and techniques in</p>	<p>District functionaries e.g. DEDs, DPLOs and other staff from</p>	<p>Facilitating a PRA process with sample villages as practical training on how to</p>	<p>378 district functionaries trained as PRA TOTs covering all 54 CSPD districts in mainland</p>	<p>PRA training reinforced attitude changes from top-down towards</p>

Type of Training	Problem Addressed	Target Group	Role in Solving Problem	Outcome of Training	Impact of Training
<p>districts functionaries as TOTs in all 54 CSPD districts</p>	<p>facilitating communities in identifying and prioritizing their problems and developing their community based plans. Top down planning with insufficient dialogue and consultation with communities</p>	<p>social sectors</p>	<p>support community based planning</p>	<p>Tanzania. The training equipped the TOTs with skills and knowledge on community based planning.</p>	<p>bottom-up planning process that involved the district/ward functionaries in a dialogue with communities to draw own priorities and plans.</p>
<p>3. Malaria Control in Zanzibar</p>	<p>Poor understanding of malaria transmission and complications including misconceptions of pregnant women  Poor participation of community in taking responsibility for their own health.  Non- recognition of traditional institutions</p>	<p>Community leaders, TBAs,  Traditional healers  Family planning community distributors (CBD agents), women groups and  Rural drug kiosk Owners.</p>	<p>Mobilization of resources,  Treatment and informing communities  Mobilization, participation and informing community  Effective treatment and</p>	<p>Communities identified strategies for reducing malaria fever illness in their communities  Communities based malaria committees' now formed and functional and followed up by trainers on quarterly basis.  Communities themselves monitor morbidity and mortality from</p>	<p>Still too early to show/see impact</p>

Type of Training	Problem Addressed	Target Group	Role in Solving Problem	Outcome of Training	Impact of Training
	<p>role in treatment fever and complications of malaria</p>		<p>informing communities</p>	<p>malaria/fever illness.</p> <p>There is increased demand for insecticide treated bed nets</p>	
<p>Cholera Case-Management Training (ZNZ)</p>	<p>Poor refuse disposal</p> <p>Poor excreta disposal;</p> <p>Unsafe water supply;</p> <p>Poor food hygiene;</p> <p>Poor knowledge on disease transmission;</p> <p>Poor management of</p>	<p>Staff in all hospitals involved in treatment and care of cholera patients.</p>	<p>Treatment, care and surveillance</p>	<p>Improved understanding of cholera case definition;</p> <p>Improved knowledge and skills on assessment and choice of treatment;</p> <p>Improved knowledge on rational use of ant-biotic and intravenous infusion (IV) and appropriate</p>	<p>Reduced cholera case fatality outbreaks affecting mainly Pemba case fatality so far is 0%</p>

Type of Training	Problem Addressed	Target Group	Role in Solving Problem	Outcome of Training	Impact of Training
	cholera cases; Shortage of appropriate supplies and equipment for effective case management			choices of IV solutions; Improved organization and hygiene of treatment areas; Proper record keeping and improved surveillance and reporting	
Growth Monitoring and Promotion (in Zanzibar)	<ul style="list-style-type: none"> <li>▪ Low technical and operational capacity of the key actors and community level.</li> <li>▪ Village health days, a good entry point into community based health and nutrition initiatives stopped completely.</li> </ul>	District level: MCH Aids, Public Health nurses, District Planning Officer, District Medical Officer, District MCH Coordinators, Zonal nutrition unit staff, District Continuing Education committee members	<p>Child weighing and reporting.</p> <p>Education of parents on child growth status.</p> <p>Planning follow-up actions.</p>	<ul style="list-style-type: none"> <li>▪ Improved weighing process, charting, interpretation and providing appropriate intervention.</li> <li>▪ Increasing number of communities conducting village health days and providing their own food staff for preparing children's porridge</li> </ul>	To premature to follow trend of nutritional status of U5s in these communities but coverage is impressive at shehia level.
		Community: Community volunteers, shehia Council members, TBAs CBD agents	<p>Support implementation of VHDs.</p> <p>Mobilization of community participation</p>		

ANNEX 3

**Assessment of the Training Workshop  
on Children and Women Rights  
30 August – 02 September, 1999**

Designation/ Position	Role/ Responsibility	Capacity gaps on human rights – within our area of responsibility	Were the capacity gaps addressed by training		State plans of action to implement women and child rights
			Yes – State Capacity improved	No. Capacity Yet to be improved	
Secretary of NGO	-Supervise the provision of health services and education services to children.	-Lack of low knowledge on information and skills.  -Lack of documents on rights.  -Lack of funds and operational resources	-Acquired knowledge children and women rights.  -Acquired some documents on rights of women and children.		-Training of: <ul style="list-style-type: none"> <li>• Dance &amp; Choir groups.</li> <li>• NGO Staff</li> <li>• HW within implemented area.</li> <li>• Kindergarten staff</li> <li>• Health matters</li> </ul> -Community sensitization on rights. <ul style="list-style-type: none"> <li>• Women groups</li> <li>• Religious leaders and members.</li> <li>• Children in schools.</li> </ul>

Designation/ Position	Role/ Responsibility	Capacity gaps on human rights – within our area of responsibility	Were the capacity gaps addressed by training		State plans of action to implement women and child rights
			Yes – State Capacity improved	No. Capacity Yet to be improved	
					-Provision of information on women & children rights to: <ul style="list-style-type: none"> <li>• Children in school</li> <li>• Institutions</li> <li>• Women group leaders</li> <li>• Village leaders (council)</li> <li>• Women</li> <li>• Men</li> <li>• Children</li> </ul>



**Assessment of the Training Workshop  
on Children and Women Rights  
30 August – 02 September, 1999**

Designation/ Position	Role/ Responsibility	Capacity gaps on human rights – within our area of responsibility	Were the capacity gaps addressed by training		State plans of action to implement women and child rights
			Yes – State Capacity improved	No. Capacity Yet to be improved	
District Medical Officer	Health Care Family Environment and alternative Care and Nutrition	<ul style="list-style-type: none"> <li>-Lack of Low knowledge, information and skills on how to integrate rights.</li> <li>-Lacking documents on rights.</li> <li>-Lack of funds and operation resources.</li> </ul>	<ul style="list-style-type: none"> <li>-Child &amp; Women rights.</li> <li>-CRC &amp; CEDAW documents.</li> </ul>		<ul style="list-style-type: none"> <li>-To train village committees on birth registration.</li> <li>-To train school committees on pupil enrolment both sexes.</li> <li>-To train TBA, VHW on Initiative Safe Motherhood.</li> <li>-To train school clubs in rights of children.</li> <li>-To train pear group on women and child rights.</li> </ul>

Designation/ Position	Role/ Responsibility	Capacity gaps on human rights – within our area of responsibility	Were the capacity gaps addressed by training		State plans of action to implement women and child rights
			Yes – State Capacity improved	No. Capacity Yet to be improved	
District Coordinator	<ul style="list-style-type: none"> <li>-To preparation of all activities.</li> <li>-To be implemented in my Project.</li> <li>-Setting of objectives to what extent my objectives will be met at quarterly.</li> <li>-Yearly ... to all target groups of women children . ....</li> <li>-Ensuring all malnourished children have improved their status .</li> <li>-Increasing number of f/p clients</li> </ul>	<ul style="list-style-type: none"> <li>-Lack of low knowledge information &amp; skills.</li> <li>- Lacking documents on rights.</li> </ul>	Child Right as well as women rights CRC & CEDAW document.		<ul style="list-style-type: none"> <li>-To train school committees on pupil enrolment with focus on gender.</li> <li>- To train VHW, TBA.</li> <li>- To train village Govt. committee on child birth registration.</li> <li>- To train school clubs in rights of the child.</li> </ul>

Designation/ Position	Role/ Responsibility	Capacity gaps on human rights – within our area of responsibility	Were the capacity gaps addressed by training		State plans of action to implement women and child rights
			Yes – State Capacity improved	No. Capacity Yet to be improved	
District Education Officer	Oversee that all children of school age are in school.	Lack of education on children rights.	-Children participate to: -Air their views. (Art. 12 in CRC). Particularly when they make mistakes. Knowledge and skills on rights.		Create awareness of children rights to: <ul style="list-style-type: none"> <li>• The school committee</li> <li>• Parents</li> <li>• Teachers especially on the use of corporal punishment.</li> </ul> <p>To mobilize the pupils to form organizations.</p>

**Assessment of the Training Workshop  
on Children and Women Rights  
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Designation/ Position	Role/ Responsibility	Capacity gaps on human rights – within our area of responsibility	Were the capacity gaps addressed by training		State plans of action to implement women and child rights
			Yes – State Capacity improved	No. Capacity Yet to be improved	
Legal counselor	Counseling on women and children rights.	Lack of knowledge, information and skills.	I have a wide and concrete knowledge on the two conventions – CRC and CEDAW		-to Start training on sensitization at the centre, as well as at the family level.  -To make more publication from these materials.

**ASSESSMENT OF TRAINING SUPPORTED BY  
UNICEF 1997 – 1999**

**T O T**

1. (a) Title of the training: \_\_\_\_\_
  
- (b) Training curriculum exist
  - Package \_\_\_\_\_
  - Guidelines \_\_\_\_\_
  - Others \_\_\_\_\_
  
- (c) Did you participate in the development of the training material? \_\_\_\_\_
  
  
9. List key problems that the training was supposed to address:
  - (i) \_\_\_\_\_
  
  - (ii) \_\_\_\_\_
  
  - (iii) \_\_\_\_\_
  
  - (iv) \_\_\_\_\_
  
  - (v) \_\_\_\_\_
  
  - (vi) \_\_\_\_\_
  
  - (vii) \_\_\_\_\_

3. Fill in the following table - indicating they the trainees, where placed (shehia,, district or national institution). Also indicate role of your target group to the problems listed – (D) if trainee has direct role and (ND) if trainee has indirect role.

Trainee	Placement	Role in relation to Problem
e.g MCHA	Shehia	(i) D

3. (b) Name other actors who you have not trained but need the training (Government as well as non-government actors) \_\_\_\_\_

4. What gaps were identified among participants that needed improvement? Your explanation should address gaps under attitudes, skills and knowledge.

Attitude gaps	Knowledge gaps	Skill gaps

5. What methods were used to identify the gaps

- (i) Pre-test before training.
- (ii) Running an expectations session before training.
- (iii) Others name.

6. What methods were used to track process in filling the gap?

- (i) Post-test after the training
- (ii) Counter-checking participants expectations after the training
- (iii) End of the training evaluation
- (iv) Others.

7. What training methods did you use?

- (i) Lecture methods
- (ii) Group work
- (iii) Role plays
- (iv) Case studies
- (v) Field work
- (vi) Others



8. Which training methods did you find effective in helping you realize the training objectives?

9. Have you been visited by national or ministerial supervisors to follow-up your training?

Yes / No

Explain the things gained from the following visit.

(i)

(ii)

(iii)

(iv)

If No would you like the support of a supervisor in future? Explain what support you expect from the supervisor.

(i)

(ii)

(iii)

(iv)

10. After the training did you facilitated the trainees to develop a workplan?

Yes / No

What guided the development of the workplans?

(i) The problems faced by trainees

(ii) The objectives of the training

(iii) Experiences of other trainees

(iv) Others

11. Was follow-up of the application of the training part of your TOR?

Yes / No

If yes, how often do you carry of follow-ups

12. What lessons derived from the training you have conducted?

13. What suggestions do you have for improving training in the future?

**ASSESSMENT OF TRAINING SUPPORTED BY UNICEF**

**Beneficiary**

Name of community .....

No.of respondents: .....

1. Problem Identification

<b>Major Problems</b>	<b>Key actors</b>	<b>Capacity gap</b>

2. Name the key actors who have been trained to address listed problems.

<b>Problem</b>	<b>Actor Trained</b>

3. Was the community/ Institution involved in nominating the trainee?

Yes / No

If No how did the trainee get nominated?

4. Has there been any improvements in the community/ institution as a result of interventions made by a community personned after they have been trained?  
Make an assessment.

<b>Actor</b>	<b>Training attended</b>	<b>Improvement made</b>

5. Was the community involved.

**ASSESSMENT OF TRAINING SUPPORTED BY UNICEF**

**Trainees**

1. Functional title

.....

.....

2. What are your key roles in the community institution you are working. List them

<b>Community/ Institution</b>	<b>Role(s)</b>



3. What have you received in terms of capacity support to improve your job performance. List and mark by asterick (\*) the capacity needs that have been attended by the CSPD programme.

<b>Job/Tasks</b>	<b>Capacity need supported</b>

4. If training has been identified as one of your capacity need, list the training attended and competencies attained.

<b>Name of Training</b>	<b>Date Duration</b>	<b>Competencies improved</b>

5. Explain how you have applied the competencies and the outcomes realized.

<b>Type of Competence</b>	<b>Application and Outcome</b>

6. (a) What other support on top of the competencies, did you require to implement the training follow-up plan?

(b) Tick the requirements that were intergrated in the training plan.

8. Did you get follow-up support after the training? Yes / No

If Yes what support did you receive and from which officials

- National level
- District level
- Ward level

If No do you feel that you need a follow-up support?

What support do you expect?

9. Do you write periodic progress on the implementation of the training work plan?

Yes / No

If Yes how often and for who?

10. Of the trainings you have attended name the ones which have helped you to better do your job.

<b>Training</b>	<b>Abilities improved</b>

11. For those training which did not help you directly what would say was the problem?  
Explain

12. Lessons to share regarding the trainings and their relevancy and application.

13. Recommendations





