**Step 2:** Address Situational Factors

**Tool:Situational Factors Worksheet**

**Instructions: Fill in the cells of the worksheet for each of the situational factors that are relevant to the context of your program and evaluation. If any of the categories are not relevant, just leave those cells blank. For detailed instructions, information about the step, and a sample completed worksheet, please see pg. 10-16 below.**

**Note: For the “What to do” section, remember that you are not determining ways to fix the problems; rather you are thinking of ways to deal with the problems in your evaluation. You will likely benefit from re-visiting the “What to do” sections, after you have decided on indicators, methods, and evaluation design.**

| **TEFT Situational Factors Worksheet** | |
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| **Factors that might affect the evaluation of effectiveness of the training intervention** | **What is the issue and what can you do about it in your evaluation?** |
| **Individual Level** | |
| **Trainee background:** Knowledge, experience, education | **Issue:**  **What to do:** |
| **Trainee life circumstances:** Family demands, health status, attitude, motivation | **Issue**:  **What to do:** |
| **Other:** (List) | **Issue**:  **What to do:** |
| **Organization/Facility Level** | |
| **Management support:** Staff access to management and/or mentoring; management belief in training, motivation to support trainees | **Issue**:  **What to do:** |
| **Human resources:** Staffing levels, salaries, burnout | **Issue:**  **What to do:** |
| **Supplies and equipment**:  Medicines, medical supplies, equipment | **Issue:**  **What to do:** |
| **Infrastructure:** Space, privacy, water, ventilation, protection from weather, adequate number of beds, toilet facilities | **Issue:**  **What to do:** |
| **Facility systems**:  Appointments, records, patient flow, referrals | **Issue**:  **What to do:** |
| **Other:** (List) | **Issue**:  **What to do:** |
| **Health System/Population Level** | |
| **National, regional, and community systems**: Laboratories, supply chain | **Issue**:  **What to do:** |
| **Policies (national, regional, local):** Clarity,consistency of policies with content and skills taught in training | **Issue**:  **What to do:** |
| **Patient needs:** Most commonly seen health issues in region, patient demographics, etc. | **Issue**:  **What to do:** |
| **Partner programs:** Multiple training organizations, duplicative trainings | **Issue**:  **What to do:** |
| **Health workforce:** Size of workforce relative to population, education and training level, attrition | **Issue**:  **What to do:** |
| **Pre-service program:** Quality, relevance, updated content | **Issue**:  **What to do:** |
| **Available community support resources:** Women’s and youth groups, HIV- specific counseling, family or community organizations | **Issue**:  **What to do:** |
| **Other:** (List) | **Issue:**  **What to do:** |
| **Environmental Level** | |
| **Political, economic instability:** regularity of health care workers being paid, ability of patients to pay for treatment, other health impacts of poverty | **Issue**:  **What to do:** |
| **Natural conditions, seasonal changes:** Natural disasters, seasonal flooding, droughts | **Issue**:  **What to do:** |
| **Infrastructure:** Patient access to food, transportation to health care | **Issue**:  **What to do:** |
| **Other:** (List) | **Issue**:  **What to do:** |

**Overview:**

In-service training for health care workers rarely takes place in isolation. There will always be factors in addition to the training that you will need to take into account, factors that will influence outcomes at the individual, organizational, systems, and population levels. In the TEFT, we refer to these as “situational factors,” and they can function as either facilitators or barriers to the outcome and impact of trainings.

In this step, you will use the Situational Factors Worksheet to identify the situational factors that may influence the effectiveness of your training intervention. Although you won’t be able to control for all the factors, thinking about how relevant they are to the training you evaluate is important. That information can help you consider the challenges you may need to address in your evaluation plan, including your evaluation level (individual, organization, health systems/population), the type of outcome you will evaluate (for example, knowledge, performance, and/or health outcomes), your evaluation design, and methods. It can also help you interpret the results of your evaluation.

The categories and specific factors shown here were drawn from a series of interviews with training program and evaluation specialists, people doing work similar to yours. There is also space at the bottom of each section for you to add your own notes and ideas.

**Instructions for Completing the Situational Factors Worksheet:**

This worksheet may be completed in discussion with team members or technical working groups involved in the training intervention or the evaluation. Remember that you might not need to fill out *all*, or even *most*, of the sections. You are welcome to choose only those that are relevant to your evaluation, or add your own.

1. **Identify factors:** Read through the list of factors in the far left column, and consider which factors could affect the ability of your training program to achieve its anticipated outcomes.
2. **Describe factors:** Next to any factor that you think might affect an evaluation of the outcome of your training intervention, write down a brief description. You will probably not fill in a description for every factor, since some will not be present in your circumstances. Just leave those lines blank.
3. **Identify what you can do:** Identify what you could do to address the factors in your evaluation. This might involve planning the evaluation to consider the effects of the factors. You could also take into account the way the factors might affect the interpretation of any data you obtain. In some cases it may be helpful to gather additional information to help you understand the context of your evaluation results. If your trainees do not show practice changes on the job, for example, could this be because they did not have management support to change their practice? (The sample worksheet below provides one example of how an evaluator might address this factor.)

**On the following pages, you will find an example of a completed Worksheet**

* This example shows one way an evaluation planner might fill the worksheet out. The example here uses the context for the hypothetical case study “Amanga,” (available on the TEFT website), to illustrate how to complete the tool. The italicized text represents ideas a user might type or fill in by hand.

**(SAMPLE): TEFT Situational Factors Worksheet**

| **TEFT Situational Factors Worksheet: Amanga ART Training** | |
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| **Factors that might affect the evaluation (with examples)** | **What is the issue and what can you do about it in your evaluation?** |
| **Individual Level** | |
| **Trainee background:** Knowledge, experience, education | **Issue:** *Concerns that multiple training cadres taught from one curriculum might result in some trainees not having adequate background knowledge to absorb and use the new content.*  **What to do:** *When analyzing results of pre- and post-content knowledge assessments, compare across cadres to determine if there is a cadre-related difference.* |
| **Trainee life circumstances:** Family demands, health status, attitude, motivation | **Issue:***Some stakeholders have noted that participation in training is motivated more by “sitting fee” than by desire for new skills.*  **What to do:** *Include questions in pre- and post-training survey related to motivation to use new knowledge on the job.* |
| **Other:** (List) | **Issue**:  **What to do:** |
| **Organization/Facility Level** | |
| **Management support:** Staff access to management and/or mentoring; management belief in training, motivation to support trainees | **Issue:** *Training implementers report that management support for trainees to perform new skills is highly variable across facilities.*  **What to do:** *Include questions in follow-up interviews with training participants about management support. Analysis of these results can tease out whether performance outcomes might have been affected by any management-related barriers to performing new skills.* |
| **Human resources:** Staffing levels, salaries, burnout | **Issue:** Many facilities are understaffed. This results in high patient loads and burnout among staff. This could affect the ability of the trainees to implement the skills they learned in the training.  **What to do:** In the evaluation, review patient records to collect data about the number of patients seen per day, working hours, etc. Possibly include observations of queues and the number of staff on duty. |
| **Supplies and equipment**:  Medicines, medical supplies, equipment | **Issue:** The program manager anticipates that key medicines may not always be available. Similarly, other necessary supplies and equipment may not always be available.  **What to do:** Include an observation component in the evaluation. During observation, use a checklist with the key supplies and medications that might influence trainees’ ability to perform new skills on the job. Collect data on these issues during post-training evaluation activities. |
| **Infrastructure:** Space, privacy, water, ventilation, protection from weather, adequate number of beds, toilet facilities | **Issue:** Previous projects have noted space concerns at several clinical facilities. In addition, not all facilities have access to regular and consistent viral load testing.  **What to do:** Use CD4 counts instead of viral load as primary indicator of patient health outcomes. In the observation component of the evaluation, note infrastructure issues that might affect health care worker performance. Consider an evaluation design that matches facilities according to infrastructure (as well as patient load, rural/urban, etc.) so that these kinds of issues are comparable between intervention and non-intervention groups. Review results of observations made by previous projects if information is easily accessible and relevant. |
| **Facility systems**:  Appointments, records, patient flow, referrals | **Issue**: Records at most facilities are paper-based, and sometimes incomplete.  **What to do:** Review patient records to determine whether or reporting quality is sufficient l, particularly regarding new guidelines and ART regimen. |
| **Other: List** | **Issue**:  **What to do:** |
| **Health System/Population Level** | |
| **National, regional, and community systems**: Laboratories, supply chain | **Issue**: Delivery of needed medicines and health facility supplies are frequently disrupted.  **What to do:** When analyzing data, check to see if outages correlate with regions experiencing supply chain disruptions and any differences in training outcomes |
| **Policies (national, regional, local):** Clarity,consistency of policies with content and skills taught in training | **Issue**: Stakeholders have expressed concern that scope of practice for different cadres is not clearly articulated in national policies.  **What to do:** In post-training interviews, include questions about policy-related barriers to performing newly learned skills. |
| **Patient needs:** Most commonly seen health issues in region, patient demographics, etc. | **Issue**: In several regions of the country, heart disease and diabetes care and treatment take precedence over emerging HIV needs. This may reduce health care worker performance of newly learned HIV care and treatment skills.  **What to do:** When comparing across regions, try to assure that regions with lower HIV prevalence relative to other conditions are distributed evenly between the intervention and non-intervention groups. |
| **Partner programs:** Multiple training organizations, duplicative trainings | **Issue**: There are no other organizations conducting ART training in the country, so there is no anticipated confounder to evaluating outcomes of the national training.  **What to do:** N/A |
| **Health workforce:** Size of workforce relative to population, education and training level, attrition | **Issue**: The shortage in skilled health care workers is a problem across the country, causing high patient loads and related health care worker attrition.  **What to do:** Since the problem is not likely to vary across comparison groups, this should not affect the ability to compare the early intervention with the later intervention group. However, if the evaluation data do not suggest training-related outcomes, this may be because heavy workloads impact trainees’ ability to perform their newly learned tasks. |
| **Pre-service program:** Quality, relevance, updated content | **Issue**: Amanga’s pre-service programs have varying amounts of HIV content, and some have not been updated recently. Thus, health care workers will likely come to the training with a range of background knowledge.  **What to do:** Include questions in pre-test knowledge assessment regarding level of training. |
| **Available community support resources:**  Women’s and youth groups, HIV-specific counseling, family or community organizations | **Issue**: The new training includes an emphasis on referrals for counseling and support. Facilities in more rural areas often lack these kinds of support resources, and/or patients avoid using them because of stigma.  **What to do**: Include questions in follow-up interview to determine community support resources available to patients at given facilities, frequency of referral, and perceived frequency of use. Consider patient exit interviews to establish likelihood of using community support resources and/or adding questions to facility observation checklist regarding what kind of community support resources are available. |
| **Other:** (List) | **Issue**:  **What to do:** |

| **TEFT Situational Factors Worksheet: Amanga ART Training** |
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| **Environmental Level** | |
| **Political, economic instability:** Regularity of health care workers being paid, ability of patients to pay for treatment, other health impacts of poverty | **Issue**: Amanga is currently experiencing a period of political stability, however high rates of unemployment mean patients may be reluctant to come for services out of concern that there may be costs incurred.  **What to do:** Since the problem is not likely to vary across comparison groups, this should not affect the ability to compare the early-intervention with the later-intervention group. However, if the evaluation data do not show differences between the two groups, this may be because heavy workloads impact trainees’ ability to perform their newly-learned tasks. |
| **Natural conditions, seasonal changes:** Natural disasters, seasonal flooding, droughts | **Issue:** At present, no natural conditions are impacting patient access to care.  **What to do:** N/A |
| **Infrastructure:** Patient access to food, transportation to health care | **Issue**: Poor interstate infrastructure in the north results in food shortages and high food costs leading to problems of malnutrition.  **What to do:** Be aware that this may be a possible confounder if facilities in the north are only represented in one of the evaluation groups. If possible, have some northern facilities in each of the two groups. |
| **Other:** (List) | **Issue**: Fuel shortages may affect resources at the health facilities, the patients’ ability to access services, and referral systems.  **What to do:** Consider gathering information about the impacts of the fuel crisis from facility staff, or possibly patients. |