

[Training course in adolescent sexual and reproductive health 2021 for WHO Eastern Mediterranean Region](#)

**GENEVA FOUNDATION
FOR MEDICAL EDUCATION AND RESEARCH**



**Adolescent Sexual and Reproductive Health Course
for WHO Eastern Mediterranean Region 2021
Course Evaluation Report**

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Acknowledgement

The Geneva Foundation for Medical Education and Research team expresses its heartfelt appreciation to the World Health Organization Regional Office for Eastern Mediterranean (EMRO) for its collaboration in organizing this course.

Our profound gratitude also goes to the Course Coordinators, Dr Chandra-Mouli (Department of Sexual and Reproductive Health & Research, WHO) and Jamela Al-Raiby (Department of Healthier Populations/ Child and Adolescent Health, WHO EMRO), Ms Marina Plesons (Department of Sexual and Reproductive Health & Research, WHO), Dr Khalid Siddeeg (Department of Healthier Populations/ Child and Adolescent Health, WHO EMRO), Dr Anna Rita Ronzoni, Dr Nilmini Hemachandra (Department of Healthier Populations, WHO EMRO), Dr Bridget Mugisa (HIV, Hepatitis & STIs, WHO EMRO), Dr Lamia Mahmoud (WHO Oman CO), Dr Bismeen Jadoon and Ms Annan Saeed Khan for their support throughout the course.

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Background

GFMER Adolescent Sexual and Reproductive Health (ASRH) Course 2021 for WHO Eastern Mediterranean Region (EMR) is one of the online training courses in the field of sexual and reproductive health and research (SRH) organized by the Geneva Foundation for Medical Education and Research (GFMER). It was organized in collaboration with the World Health Organization Regional Office for Eastern Mediterranean (WHO EMRO). The course was adapted and targeted to respond to the SRH needs of adolescents specifically in this region and also globally. The course coordinators were Dr Venkatraman Chandra-Mouli of Department of Reproductive Health and Research, WHO Headquarters, and Dr Jamela Al-Raiby of the Department of Healthier Populations/ Child and Adolescent Health, WHO EMRO. The duration of the course was eight weeks from 25 January 2021 to 21 March 2021. The course theme was “Meeting the needs and fulfilling the rights of adolescents’ sexual and reproductive health for WHO Eastern Mediterranean Region”. The course covered eight topics on key issues on adolescents sexual and reproductive health and rights: Comprehensive sexuality education provision, Contraception counselling and provision, Antenatal, intrapartum and postnatal care, Safe abortion care, Sexually transmitted infections prevention and care, HIV prevention and care, Violence against women and girls: prevention, support and care and Harmful traditional practices (child marriage and female genital mutilation) prevention and response. Approaches to ensuring the continuity of SRH information and service provision to adolescents in the context of the COVID-19 pandemic were integrated into each module. To adapt the course content to regional context, a Course Advisory group was set up by WHO EMRO whose members were:

- Dr Mamdouh Wahba
President, Egyptian Society for Adolescent Medicine, President Arab Coalition for Adolescent Health & Medicine, Vice-President, International Association for Adolescent Health
- Dr Nafisa. M. Badri
Professor in Reproductive & Women's Health, Assistant to the President for Quality Assurance, Accreditation & External Relations, Manager of the Gender & Reproductive Health & Rights Resource & Advocacy Center, Ahfad University for Women, Sudan
- Dr Nadia Beza
President, Organisation Panafricaine de Lutte Contre le Sida, Morocco
- Ms Sheena Hadi (representing the young people)
Executive Director, Aahung, Pakistan
- Dr Ashraf Badar
Founder & Chairman of Yamaan, Country Director of Marie Stopes International, Yemen

The course core team comprised:

- WHO Headquarters
 - Dr V Chandra-Mouli
 - Ms Marina Plesons
- External contributors
 - Dr Bismeen Jadoon
 - Ms Annan Saeed

- Geneva Foundation for Medical Education and Research
 - Dr Raqibat Idris
 - Ms Fionna Poon
 - Prof Aldo Campana
- WHO Eastern Mediterranean Regional Office
 - Dr Jamela Al Raiby
 - Dr Khalid Siddeeg
 - Dr Anna Rita Ronzoni
 - Dr Nilmini Hemachandra
 - Dr Bridget Mugisa
 - Dr Lamia Mahmoud

Participants of the course were recruited by announcements by GFMER through its website, network, social medias, coaches and country coordinators; by WHO EMRO, country offices and other WHO network as well as regional NGOs and health ministries. Majority of the participants were nominated and sponsored by WHO EMRO, mainly from 10 target countries.

GFMER engaged 21 coaches from 16 countries, 9 of whom were from EMR to mentor participants of the course. Coaches are also former participants of the course. Orientation and mid-course sessions were held with the coaches for quality and standardized tutoring. The teaching methods for the course consisted of on-line lectures (video recordings, didactic presentations), key readings, additional references, expert commentary and case study videos and referrals to related websites. The course materials could be downloaded for offline reading. The course was assessed by weekly written assignments. Coaches mark and provide feedback on the assignments using the marking guides provided. Before and during the course, regular meetings were held between the organizing partners to ensure adequate preparation and smooth running of the course.

A total of 177 health professionals from 33 countries (Table 1), mainly from EMR (81%, Figure 1) and largely female (74%, Figure 2), between the ages 25 and 54 years (89%, Figure 3) and working mostly as doctors, program managers/ implementers, researchers/lecturers or nurse/ midwives (78%, Figure 4), enrolled for the course. Majority of the EMR participants were from the 10 WHO EMRO targeted countries (85%, Figures 5 and 6). Of the total 177 enrolled participants, 158 were active (89% active rate) and 153 completed the course (completion rate of 86% of enrolled and 97% of active participants) and were awarded with certificates co-signed by WHO and GFMER. The top 10 performers in each module and the overall top 10 performers of the course received an additional certificate of recommendation, the latter also received a book gift from WHO EMRO.

At the end of the course, a Zoom meeting was organized for all participants, coaches, course organizers and course resource persons. Moreover, participants from same countries were introduced by email to WHO country offices in the region as possible resource persons for ASRH. A course evaluation survey was also performed to assess the satisfaction level and usefulness of the course to participants and to identify areas of improvement. The report of the evaluation is presented in this paper.

Table 1: Enrolled participants' country of residence

| Country of residence | No. of participants |
|---|----------------------------|
| Egypt | 17 |
| Iran | 16 |
| Iraq | 16 |
| Palestine | 15 |
| Sudan | 13 |
| Yemen | 13 |
| Afghanistan | 11 |
| Morocco | 9 |
| Oman | 9 |
| Cameroon | 8 |
| Somalia | 6 |
| Ethiopia | 5 |
| Nigeria | 5 |
| Pakistan | 5 |
| Saudi Arabia | 5 |
| Lebanon | 3 |
| Kenya | 2 |
| United Kingdom | 2 |
| Israel | 2 |
| Jordan | 2 |
| Others with one participant each: Zambia, Congo, Ghana, Jamaica, Malawi, Myanmar, Poland, South Korea, Switzerland, Syria, Tunisia, Uganda and Zimbabwe | 13 |
| Total | 177 |

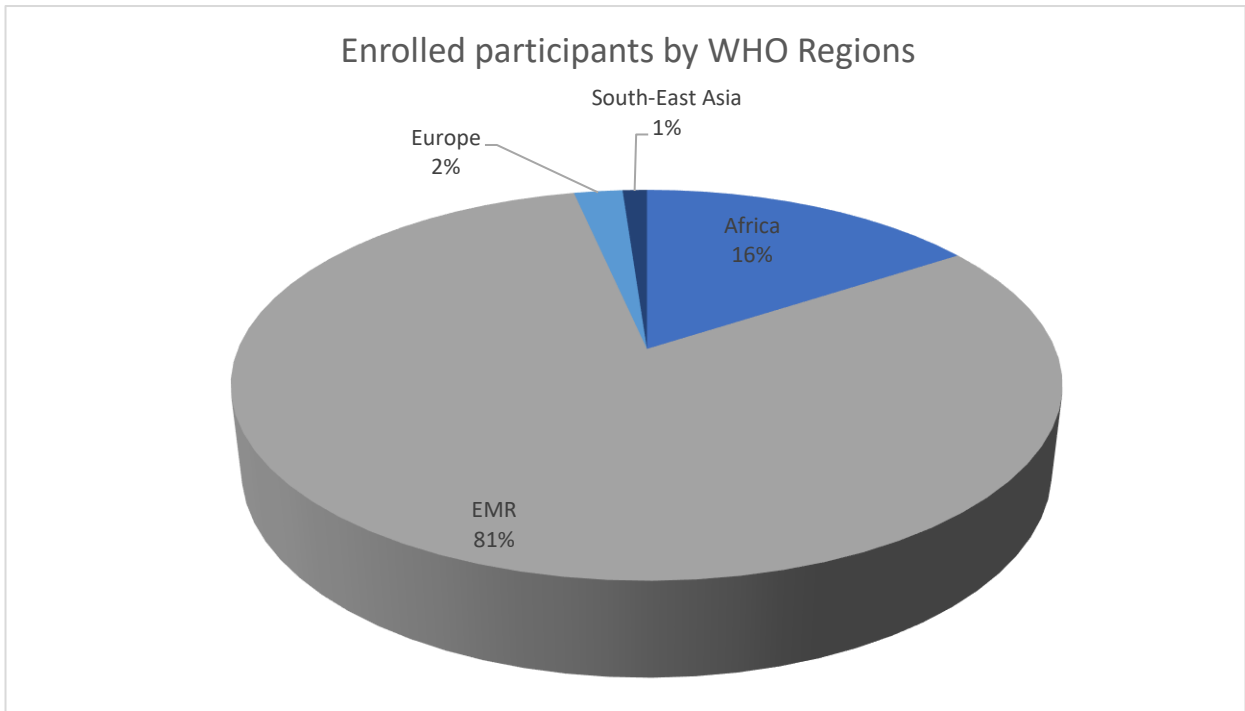


Figure 1: Enrolled participants by WHO regions

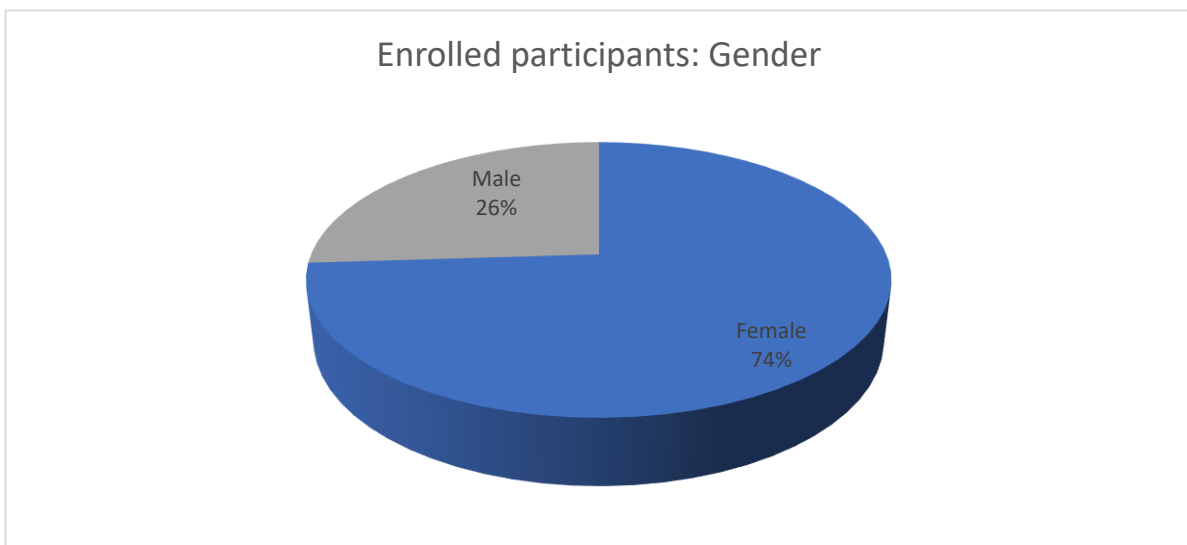


Figure 2: Enrolled participants by gender

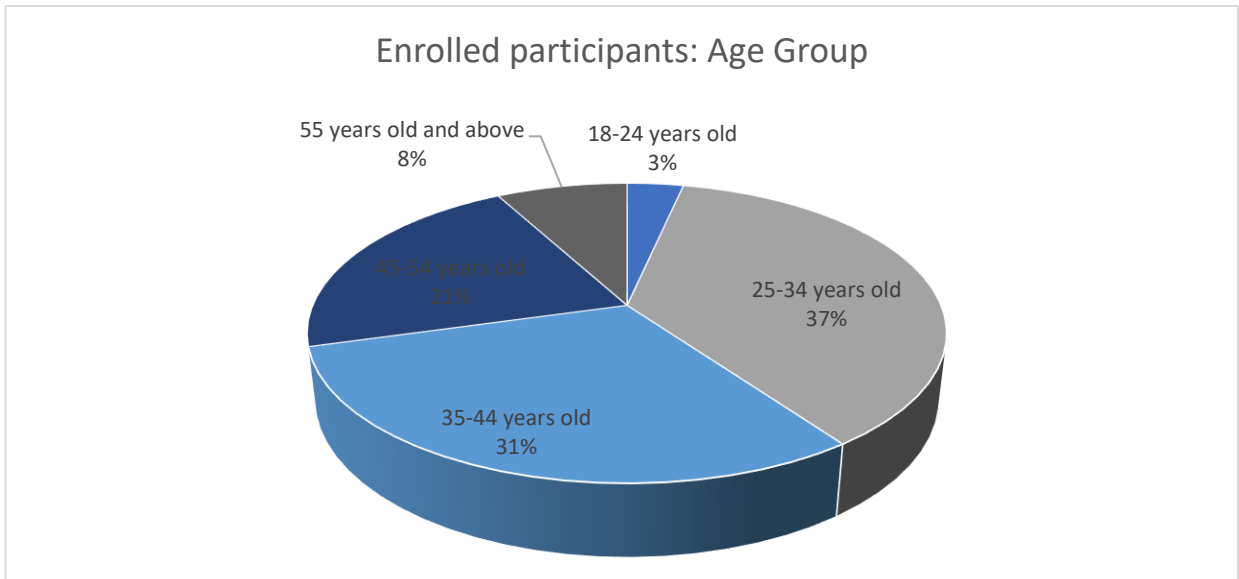


Figure 3: Enrolled participants by age group

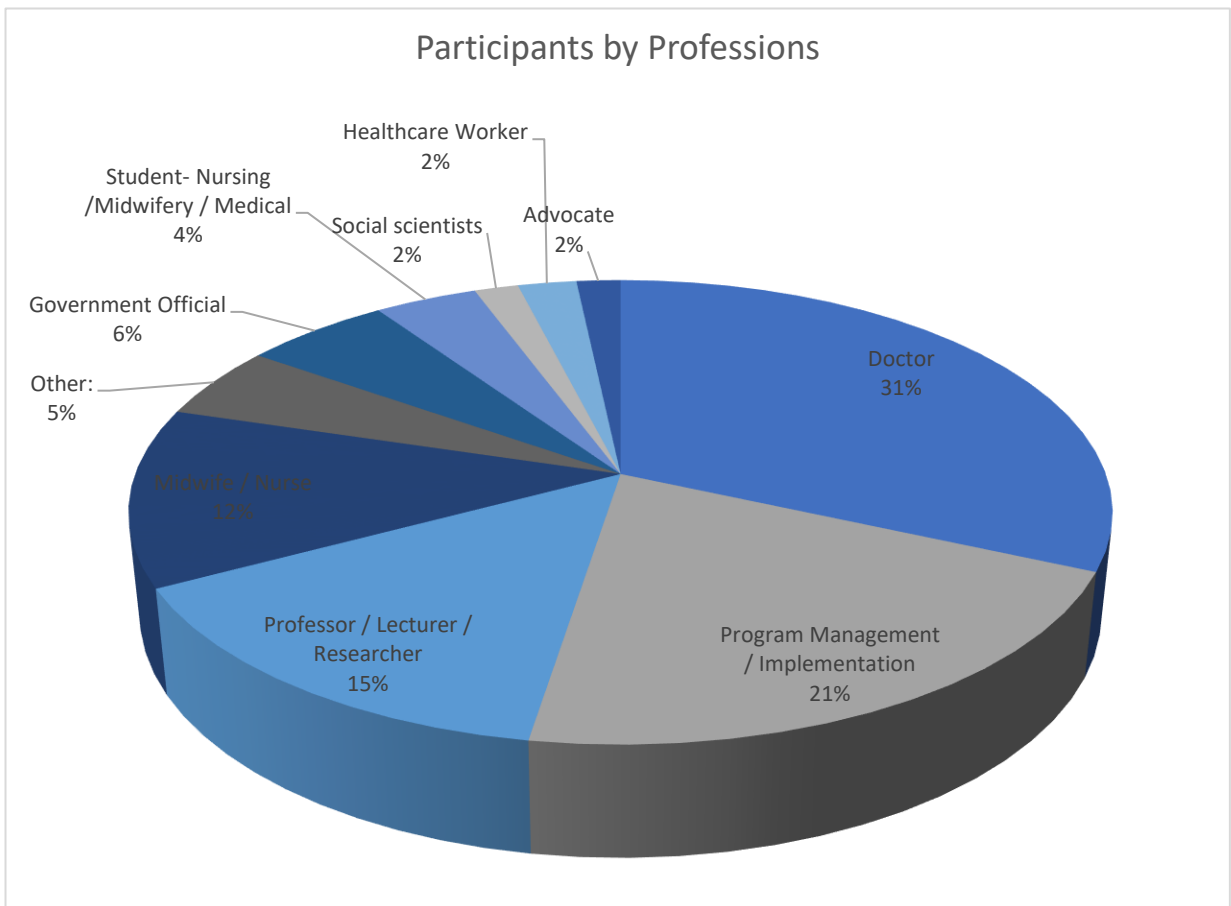


Figure 4: Enrolled participants by profession

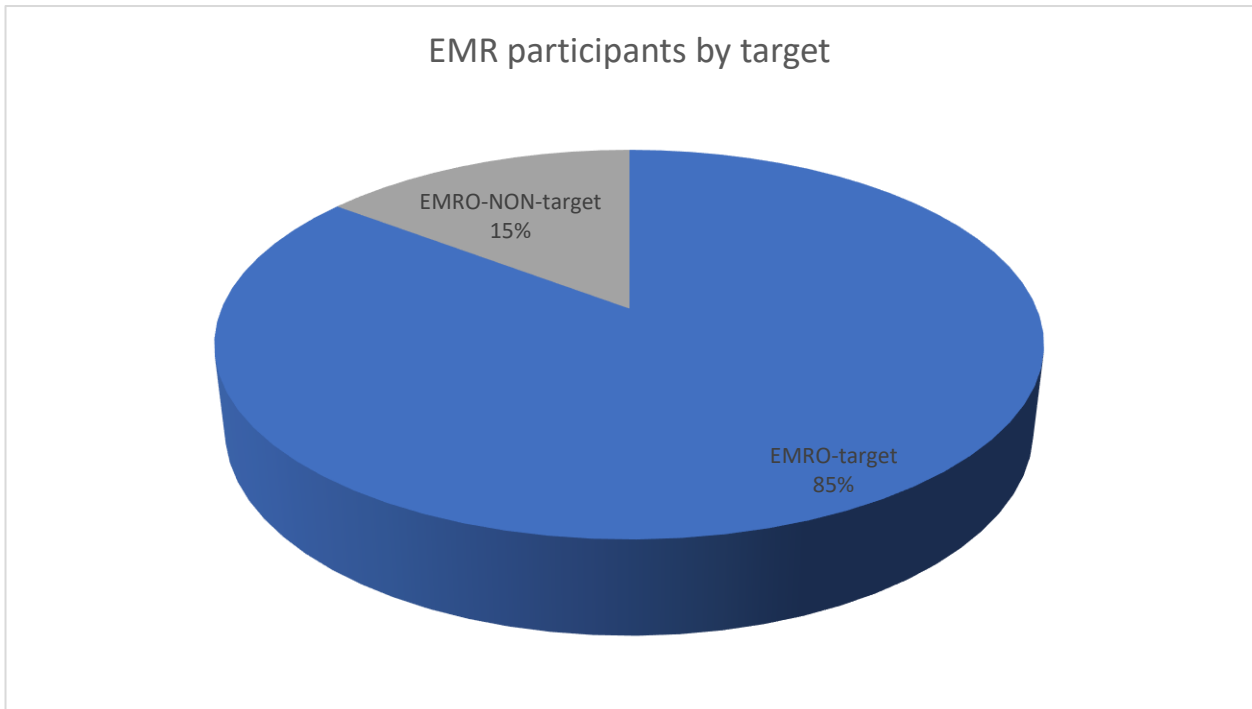


Figure 5: EMR participants by target countries

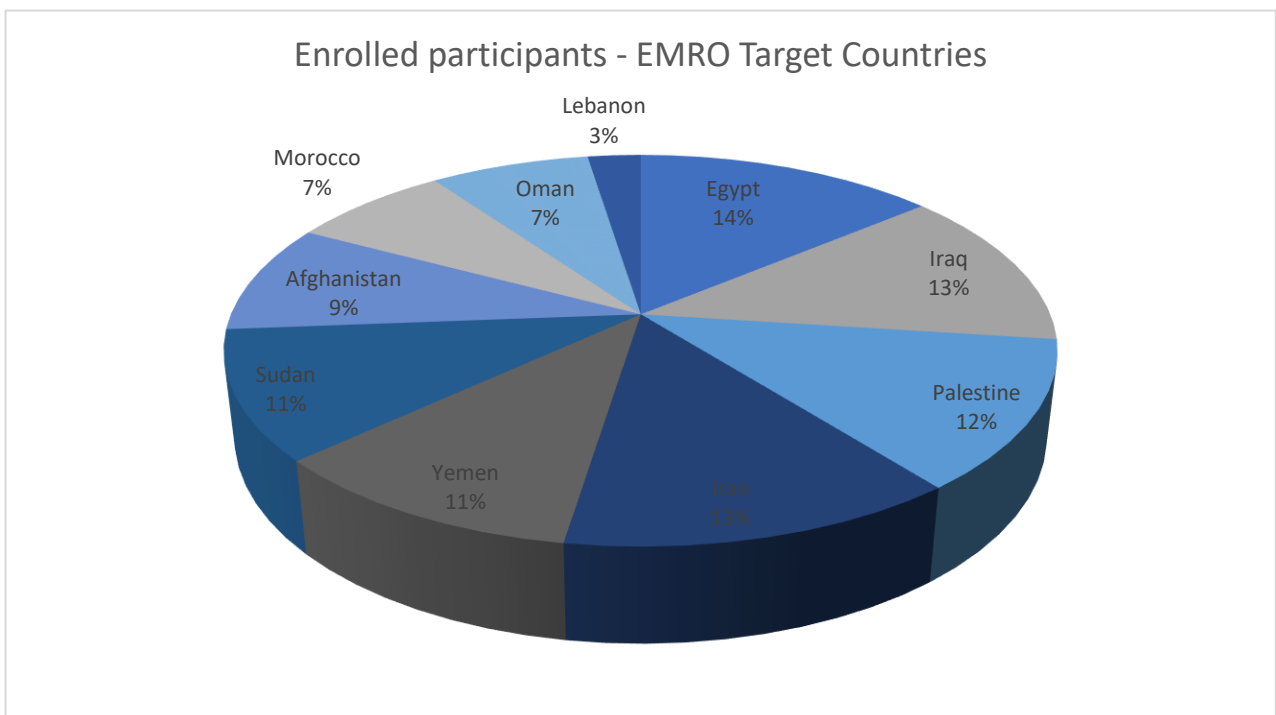


Figure 6: Enrolled participants - EMRO Target countries

Course evaluation report

A link to an anonymous online survey to evaluate the course was sent to participants upon completion of the course. Participation in the survey was voluntary. The survey included questions to collect participants' demographic data and appraisal of the course, and open-

ended questions for additional comments and to express their likes and dislikes about the course as well as suggestions on how to improve it as follows:

1. The survey participants were asked to provide demographic information on age group, continents of residence and profession,
2. Course evaluation:
 - 2.1 Overall course rating:

Participants were asked to rate the course by choosing from 1 (very poor) to 5 (excellent); the highest rating being 5.

2.2 Course objectives and structure:

2.2.1 Participants were requested to choose a number between from 1 (strongly disagree) to 5 (strongly agree) to indicate their level of agreement with the following statements (highest score was 5):

- i. The course objectives were clear
- ii. The course was organized in a way that helped me learn
- iii. The course content was adequate
- iv. The course learning resources were clearly presented
- v. The assignments were relevant and helpful to my learning
- vi. The assignments were appropriate for the level of this class
- vii. I found the assignment clues useful (Go to 2.2)
- viii. It was not necessary to include clues in the assignments
- ix. I will apply the knowledge gained from this course in my professional practice

2.2.2 An open-ended question on if participants recommend keeping the clues in the assignments or not and why.

2.2.3 An optional open-ended question asking participants to provide additional comments on course structure

2.3 Relevance of course topics:

2.3.1 Participants had to choose from the options 1 (strongly disagree) to 5 (strongly agree) to rate the course topics in terms of their relevance to their professional practice (highest rating was 5). The topics covered in the course were:

- i. Comprehensive sexuality education provision
- ii. Contraception counselling and provision
- iii. Antenatal, intrapartum and postnatal care
- iv. Safe abortion care
- v. Sexually transmitted infections prevention and care
- vi. HIV prevention and care
- vii. Violence against women and girls: prevention, support and care
- viii. Harmful traditional practices (child marriage and female genital mutilation) prevention and response

2.3.2 Participants were asked to mention topic (s) related to ASRH in their country that they would you like to be added to future courses.

2.3.3. An optional open-ended question asking participants to provide additional comments on course topics

2.4 Participants overall rating of coaches:

Participants were asked to rate the overall quality of coaching/ tutoring received by choosing from 1 (very poor) to 5 (excellent); the highest rating being 5.

2.5 Quality of coaching received:

2.5.1 To assess the quality of different aspects of coaching received during the course, participants were requested to choose from numbers 1 (strongly disagree) to 5 (strongly agree) to indicate their level of agreement with the following statements:

- i. I felt encouraged to contact my coach if I had any questions or needs in the course
- ii. My coach was responsive when I contacted her/him
- iii. My coach gave me constructive feedback on my assignments
- iv. My coach provided feedback timely (before the due date of the next module assignment)
- v. The feedback from my coach helped me to improve my work
- vi. My coach encouraged my participation in the course

2.5.2 An optional open-ended question asking participants to provide additional comments on coaching.

2.6 Effectiveness of Google Group:

2.6.1 To assess the effectiveness of the Google Group discussion platform for the course, participants were requested to choose from numbers 1 (strongly disagree) to 5 (strongly agree) to indicate their level of agreement with the following statements (highest score was 5):

- i. I followed the discussions in Google Group
- ii. I found it easy to read the postings in Google Group
- iii. I contributed to the discussions in Google Group
- iv. I found it easy to post information in Google Group
- v. The discussions in the Google Group were useful to learn from and share experiences from other countries
- vi. The Google Group discussions contributed to my overall learning experience in this course

2.6.2 Optional open-ended question asking participants to provide additional comments on Google Group

2.7 Likes and dislikes about the course:

2.7.1 An open-ended question asking participants to name one thing they liked best about the course

2.7.2 An open-ended question asking participants to name one thing they liked the least about the course

2.8 Readiness to recommend the course to others:

Participants chose from the options of Yes, Maybe or No to indicate their willingness to recommend the course to others.

2.9 Study hours per week: Participants were asked to indicate how many hours per week they spent on reading the course materials and preparation of assignments. The hours were arranged as follows for analysis: 6 hours, < 6 hours, 7 to 10 hours, > 10 hours and Don't know.

3. Comment / suggestion to help improve the course:

3.1 An open-ended question asking participants if they joined another good online course, what they liked about it and to share the course details.

3.2 Participants were asked to provide any comment or suggestion for course improvement.

Results

Of the 153 people who completed the course, 79 submitted the survey. One duplicated response was removed during data cleaning giving 78 respondents and a 51% response rate.

1. Demographic information on continents, age and profession

The 78 survey participants were from 4 continents: Africa (30, 38%), Asia (45, 58%), Europe (1, 1%) and North America (2, 3%) (Table 2, Figure 7).

Table 2: Continents of respondents

| Respondents' continents of residence | No. of participants | % |
|--------------------------------------|---------------------|-------------|
| Africa | 30 | 38% |
| Asia | 45 | 58% |
| Europe | 1 | 1% |
| North America | 2 | 3% |
| Total | 78 | 100% |

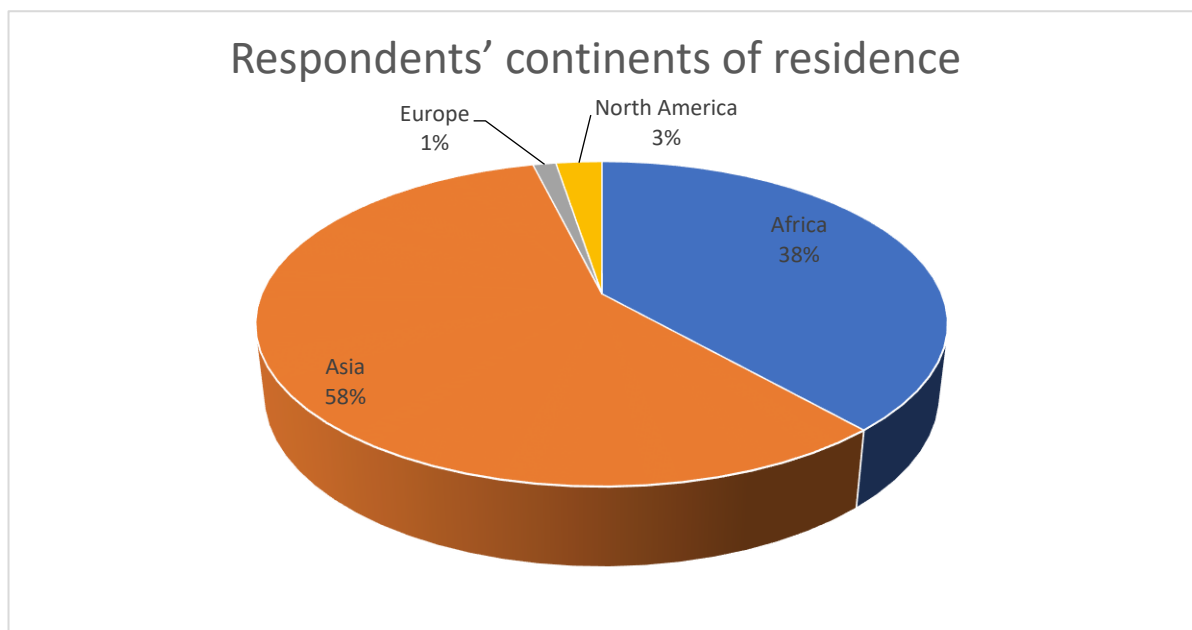


Figure 7: Continent breakdown of respondents

Majority of the respondents belonged to the age group 25-34 (26, 33%), followed by the age groups 35-44 (22, 29%), 45-54 (21, 27%), > 55 years (5, 6%) and 18-24 (4, 5%) (Table 3, Figure 8).

Table 3: Age group of respondents

| Age group | No. of participants | % |
|-----------------|---------------------|-------------|
| 18-24 years old | 4 | 5% |
| 25-34 years old | 26 | 33% |
| 35-44 years old | 22 | 29% |
| 45-54 years old | 21 | 27% |
| > 55 years old | 5 | 6% |
| Total | 78 | 100% |

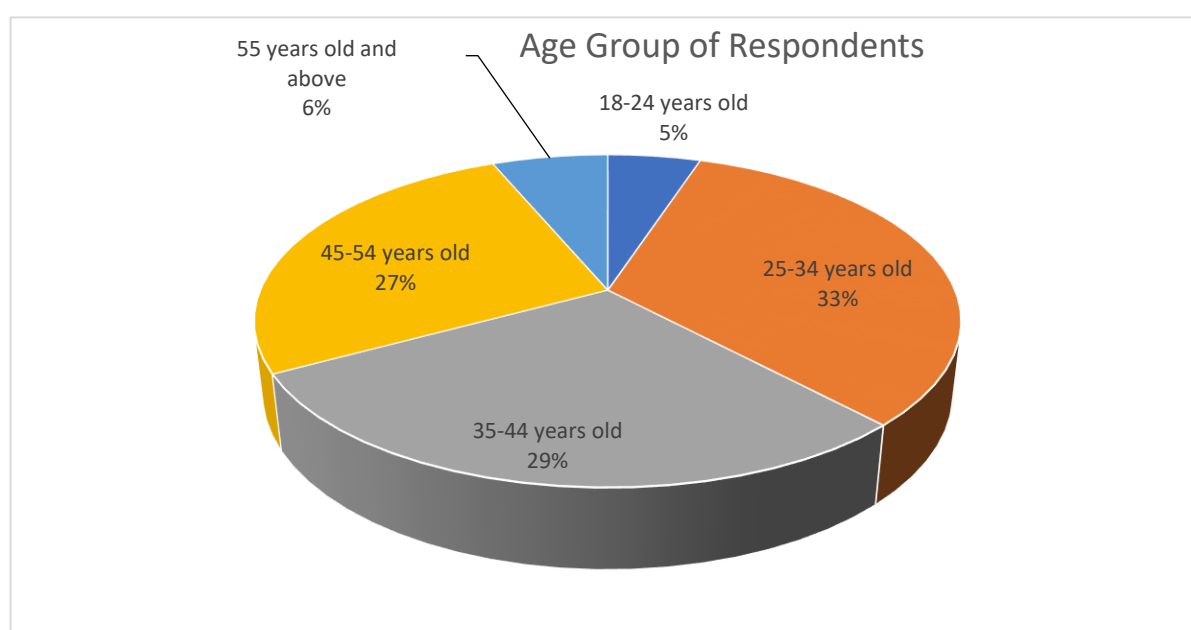


Figure 8: Age group of respondents

Respondents were mostly doctors (26, 33%), then professors/ lectures/ researchers (15, 19%), program managers / implementers (12, 15%), midwives / nurses (8, 10%) or medical/ nursing students (8, 10%) (Table 4, Figure 9).

Table 4: Profession of respondents

| Profession of respondents | No. of respondents | % |
|---|--------------------|-----|
| Advocate | 2 | 3% |
| Doctor | 26 | 33% |
| Government Official | 3 | 4% |
| Healthcare Worker | 2 | 3% |
| Midwife / Nurse | 8 | 10% |
| Professor / Lecturer / Researcher | 15 | 19% |
| Program Management / Implementation | 12 | 15% |
| Student - Nursing / Midwifery / Medical | 8 | 10% |
| Other | 2 | 3% |

| | | |
|--------------|-----------|-------------|
| Total | 78 | 100% |
|--------------|-----------|-------------|

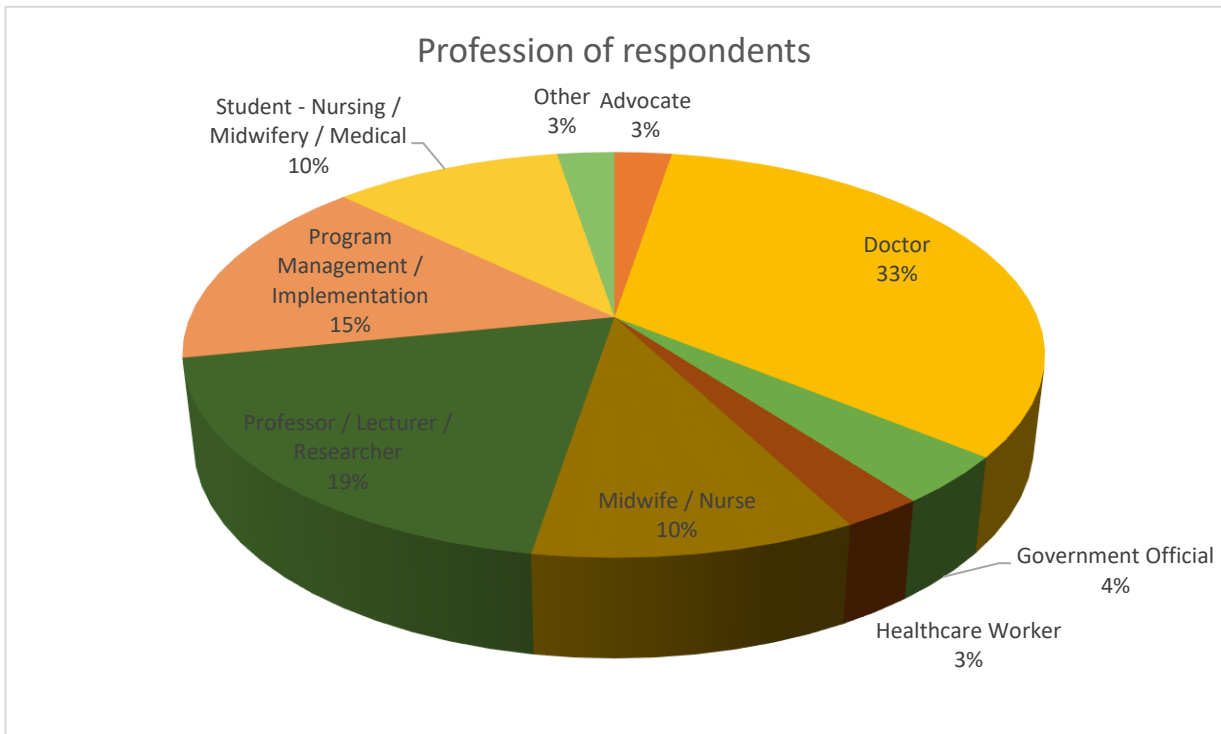


Figure 9: Profession of respondents

2. Course evaluation

2.1 Participants overall course ratings

Majority of the survey participants rated the course 5, excellent (50%), which is the highest rating or 4, good (45%) (Figure 10).

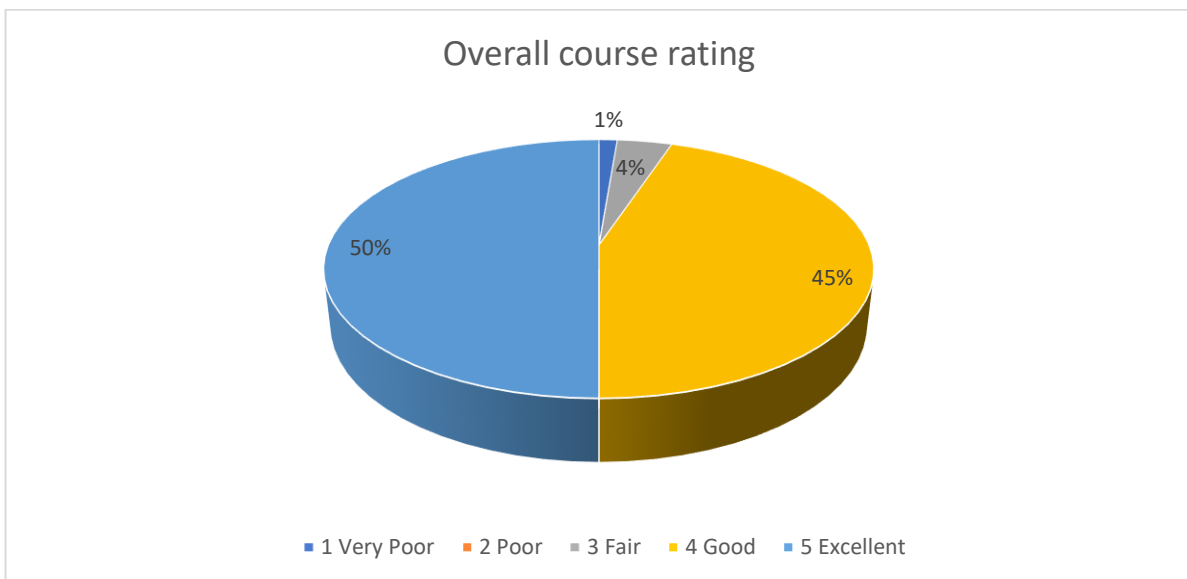


Figure 10: Overall course rating

2.2 Course objectives and structure

2.2.1 Respondents' scoring of course objectives and structure

As shown in Figure 11, majority of the survey participants gave a score of 4 or 5, thus agreeing or strongly agreeing respectively to all but one of the statements assessing the objectives and structure of the course including statements on the clarity of course objectives, organization of the course, adequacy of the course content, the course learning resources, assignments, usefulness of the assignment clues and application of knowledge gain from the course. Regarding the assignment clues, agreeing with respondents scoring of their usefulness, majority of them (55) strongly disagreed or disagreed that it was not necessary to include them in the assignments, a little less than one fifth of respondents (14) agreed or strongly agreed that the clues were not necessary, whilst the remaining 9 respondents were neutral.

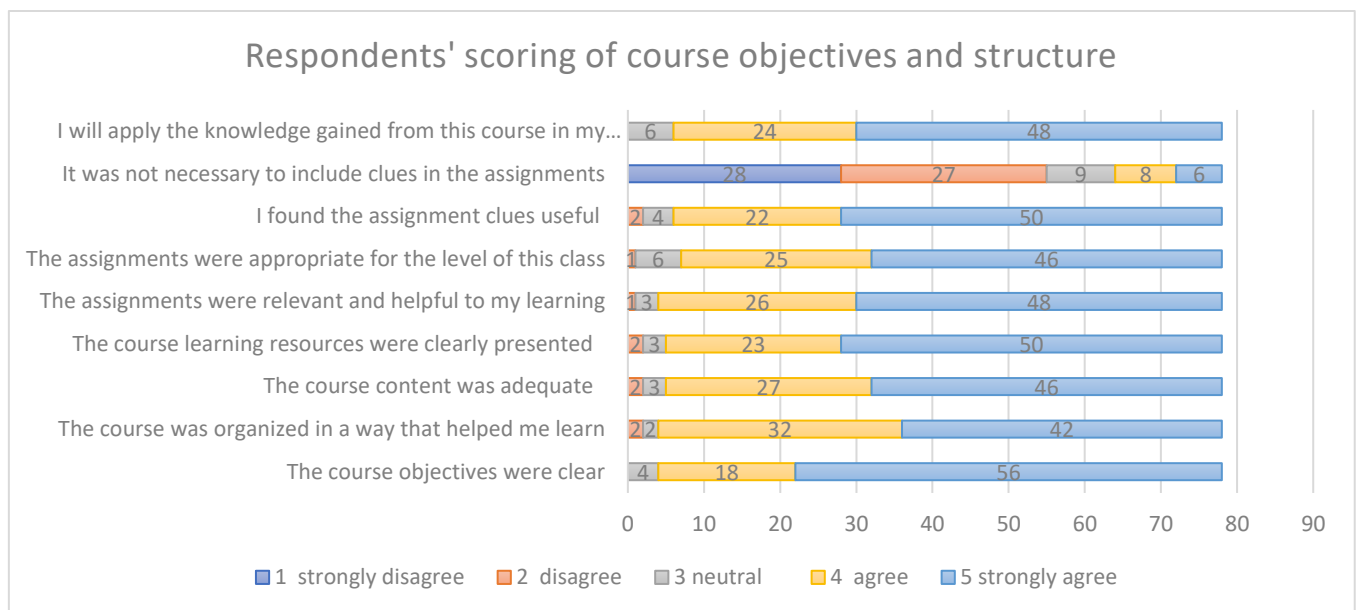


Figure 11: Respondents' opinion about course objectives and structure

2.2.2 Recommend keeping the clues in the assignments or not

When asked in an open ended question if the assignment answer clues should be kept or not, almost all the respondents were of the opinion that the clues should be kept, in keeping with their scorings of the statements on assignment clues in the previous question. The main reasons given were that it helps them to save time and to focus when answering the assignment questions. Below are a few responses (spelling errors corrected):

“Yes, clue is better because reading all documents and finding answer is not feasible for busy managers.”

“Yes , since the period of the course is short and the content is more we need clues”

“Yes i recommend. It helped me focus and saved time on task”

“Yes I recommend including the clue because it reinforce the course the more and the clue makes it easy to resonate with the topic better”

“I agree with keeping the clues in the assignments because it helps participants to read appropriate parts of the document. I mean that it prevents to confused.”

The very few respondents who were against keeping the clues gave the reasons that the clues make it easy for participants to find answers and will not encourage critical thinking or that participants may not read all the course materials. Below is a quote from one of the respondents:

“The clue make it very easy for participants to find the answer, while not reading the full articles. Maybe you can provide more vague clues that will encourage participants to read at least full sections of a certain article/source.”

2.2.3 Additional comments on course structure

Survey participants were asked to comment on the course structure. This was an optional comment with 36 responses. The comments provided were mostly encouraging and generally showed respondents satisfaction with the course. Many were of the opinion that the course was comprehensive, well-structured and organized and that the topics were adequate. However, some respondents want the course to be more engaging with more, talking points, videos or online sessions like webinars. Other remarks were to include more content on ‘GBV’ (gender based violence), add a topic on mental health and to allocate more time for the course. Below are few responses (spelling errors corrected):

“It was a wonderful for me and I got more information and gained knowledge.”

“It was so good but I suggest to add weekly online meeting to clarify the questions of the course”

“Well structured and organized”

“The articles and the material used were relevant with practical professional information”

“The course structure is good and made learning and participation fast and the weekly assignments were very helpful and allowed me focus on work.”

“Great course with great topics, but these batch participants should be trained and build on other topics and courses like mental health, as it interrelates the knowledge and information to serve better in their region and their people.”

“Weekly themes were very interesting way of structuring the course. Also a mixture of scientific papers and technical reports to guide the learning process is found to be very helpful.”

2.3 Relevance of course topics

2.3.1 Respondents’ rating of relevance of course topics to their professional practice

With a rating of 4 or 5, majority of the participants respectively agreed or strongly agreed that the course topics were relevant to their professional practices. There were few neutral responses, especially to safe abortion care (11), CSE (9) and HIV prevention and care (9)

whilst very few participants strongly disagreed/ disagreed about the relevance of some modules to their practice: Harmful traditional practices (2), Violence against women and girls (1), HIV prevention and care (2), Safe abortion care (1), Contraception counselling and provision (1) and Comprehensive sexuality education provision (3) (Figure 12).

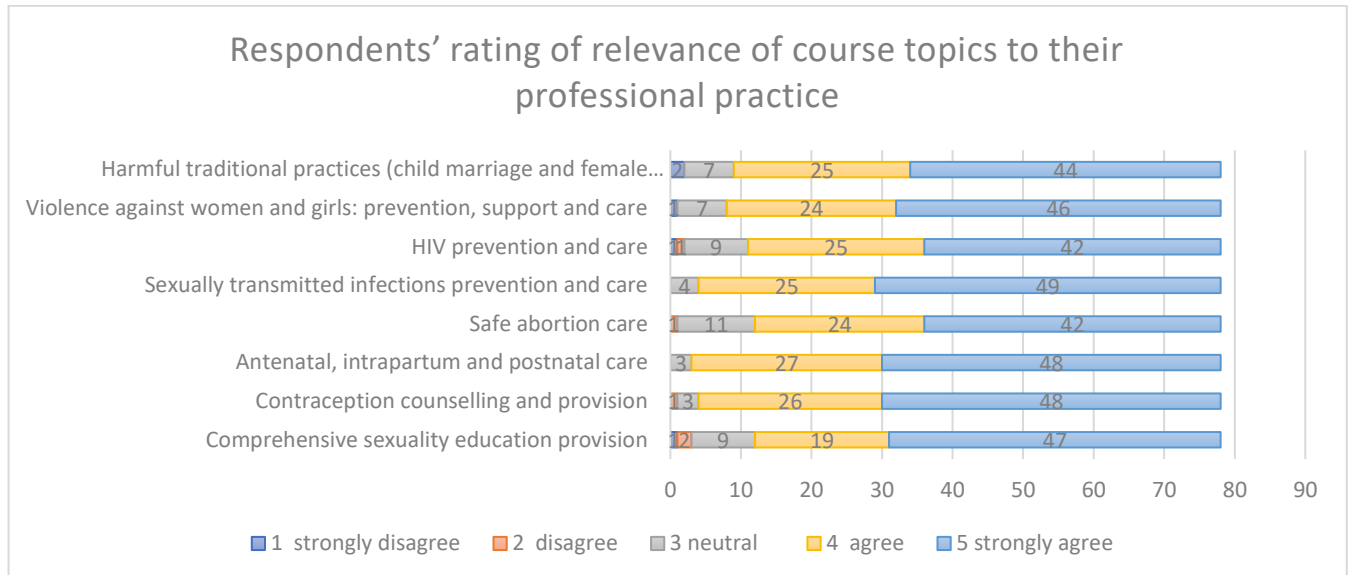


Figure 12: Relevance of course topics to participants' practice

2.3.2 Topic (s) related to ASRH in respondents' countries that they would like to be added to future courses.

Some respondents were of the opinion that the current topics of the course were adequate and there is nothing to add, a few respondents mentioned topics that are already in the course while others proposed new topics grouped into four as follows:

1. Sexual and reproductive health: Post abortion care, Sexuality and Pandemics, Prevention and treatment of HPV related infections, Breast feeding, Preconception care, Menstrual hygiene, FGM demedicalization, Puberty, High risk pregnancies, Unmet need for family planning, Emergency contraceptive methods, Sexual training in child, adolescent and couple. and Fetal screening.
2. Psychosocial health: Mental health of adolescents, Addiction (not specified)/ Internet addiction, Psychosocial support / care ('SA services'), Substance use and mental health, Psychological support (GBV survivors/victims, child rape), Physical, mental and emotional well-being of adolescent mothers and Psychological sexual disorders.
3. Advocacy / Empowerment / Rights: Gender based discrimination, Exchange marriage, Safe Abortion advocacy, Life skill, Political and religious barriers, Media campaign and large scale communication, Mentoring and positive role modelling, Advocacy strategies, 'Freedom's adolescence', 'Gender, sexual identity, sexuality, etc.', Women empowerment, Adolescent sexual rights, 'the notion of sexual consent and the relationship to the body', Sexual minority issues and Sexual harassment.
4. Others: Research methodology course, Adolescent nutrition, 'Managing post Covid-19 era', ASRH in conflict areas, 'Emergency' (not specified), Social determinants of health (SDH),

Male circumcision, Management of adolescent Sexual Reproductive health and ‘Self care-SRH and HUC’.

2.3.3 Additional comments on course topics

Respondents were asked in an optional open-ended question to provide comments on the course topics and 13 of them expressed their opinions which were mainly commending the course describing it as “Informative and useful”, “fulfilling” and “Excellent”. One respondent however complained that the training time was too short and two others would like a topic on self-development and the management of reproductive health in disasters.

Quoting a few respondents:

“All the topics were useful and necessary and needful.”

“Each and every topics were effective and important and too helpful to cascade in our implementing areas and geographies.”

“Excellent course very very useful for me.”

2.4 Respondents rating of quality of coaching

Most of the respondents (96%) rated the overall quality of coaching/ tutoring received during the course as 5 Excellent (49%), 4 Good (33%) or 3 Fair (14%). However, 4% of participants gave a rating of 2 Poor (1%) and 1 Very poor (3%) (Figure 13).

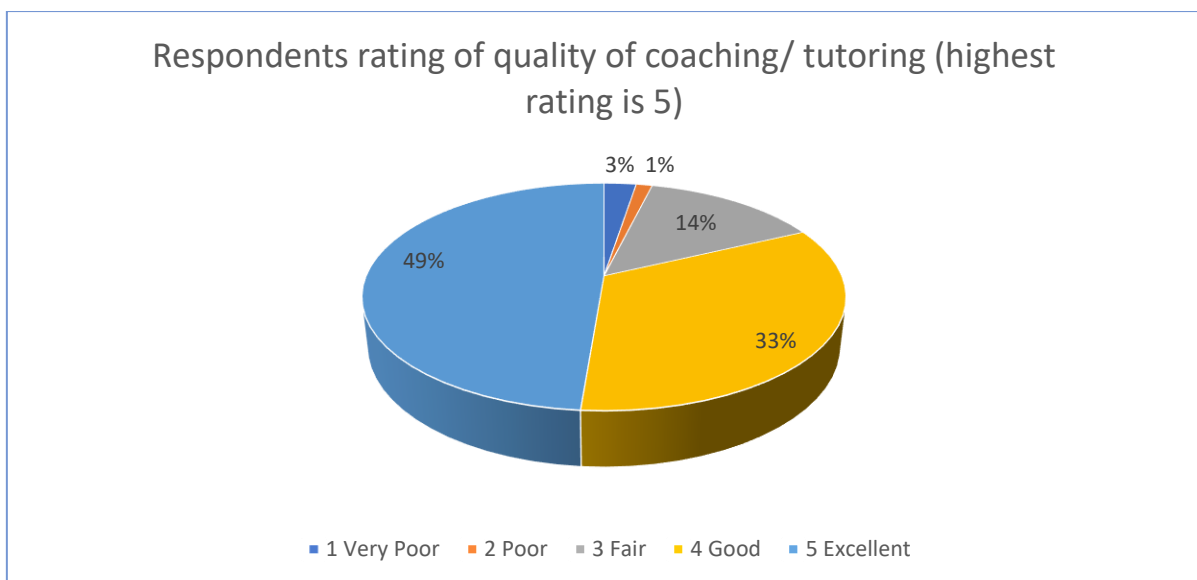


Figure 13: Respondents rating of quality of coaching

2.5 Assessment of coaches

2.5.1 Respondents' assessment of coaches

Most participants (averagely 62, 79%) agreed or strongly agreed to the statements assessing the coaching provided by their coaches during the course, while 11 on average were neutral (14%). An average of 5 respondents disagreed or strongly disagreed with the statements (7%) (Figure 14).

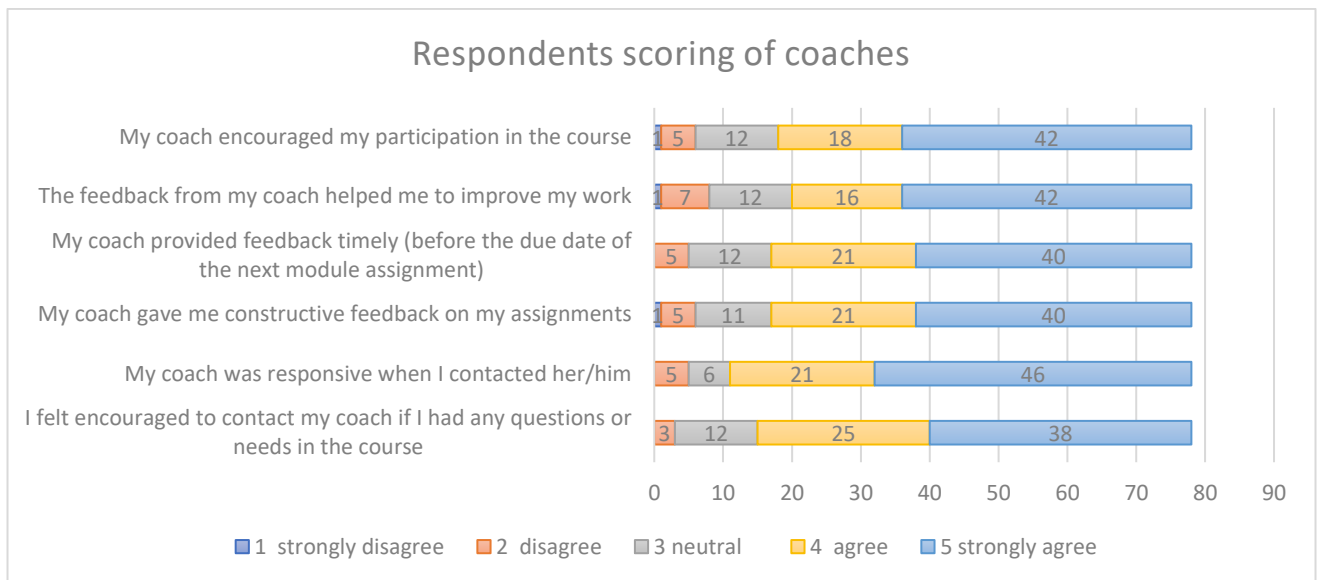


Figure 14: Respondents' assessment of coaches

2.5.2 Additional comments on coaching

This question was optional and a total of 29 survey participants commented on the coaching received by them during the course. Most of the comments were positive with respondents describing their coaches/ coaching as great coaching, supportive, motivating, hardworking, helpful, best coach, professional, kind, responsible, encouraging, wise, responsive, polite, humble, practical, constructive feedbacks, easy to approach and excellent. However, a few respondents would like their coaches to have been more approachable, responsive and to have provided timely and constructive feedback on assignments. There was also a suggestion that coaches should hold a session with their participants at the start of the course on how to respond to assignment questions and to teach reference styles. Below are a few of the comments (Spelling errors corrected and coaches' names replaced with an 'X'):

“It is better if a coach has a session on how to reply the questions in the start of workshop and teach the reference styles.”

“X is the best coach.”

“I didn't engage much with my coach.”

“I find my coach very supportive and responsive, a polite and and humble person, and coaching idea helps the participants a lot to focus on the topics of the course.”

“Really thanks so much to my dear Dr, X.”

2.6 Effectiveness of Google Group

2.6.1 Respondents’ assessment of effectiveness of Google Group

Averagely, about half of the survey participants (40) agreed or strongly agreed to the statements assessing the effectiveness of the Google Group platform. Up to an average of 22 of them neither agreed or disagreed with the statements whilst 16 of them on average disagreed or strongly disagreed with the statements (Figure 15).

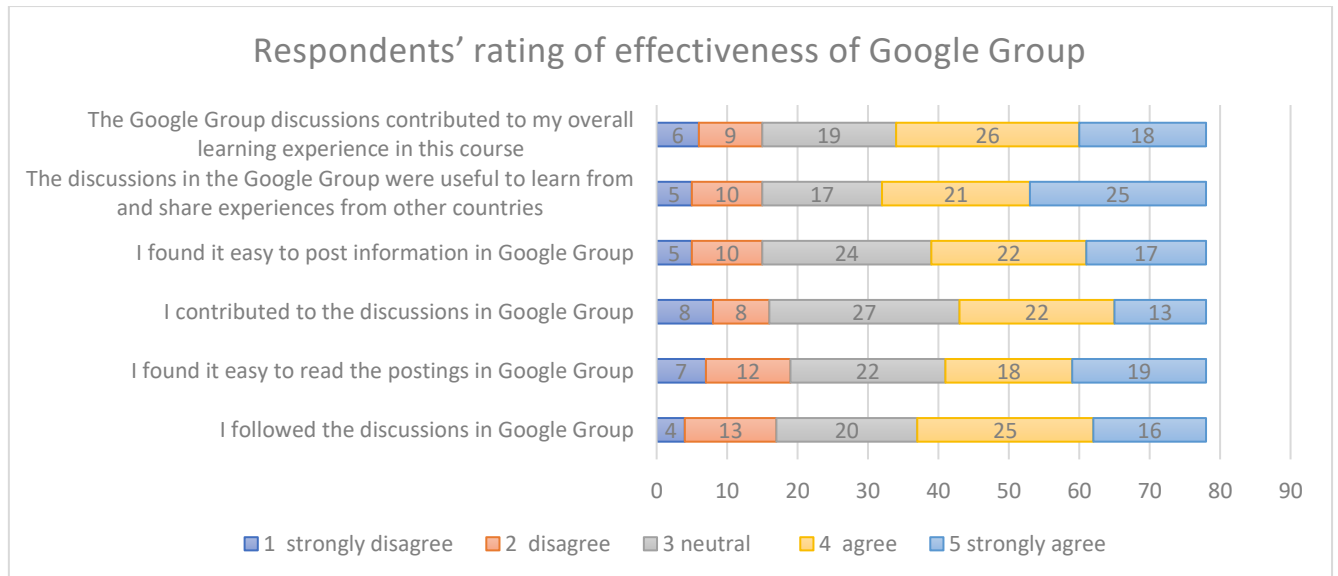


Figure 15: Respondents’ assessment of effectiveness of Google Group

2.6.2 Addition comments on Google Group

This was an optional open-ended question to which 20 survey participants responded. Responses were mixed with many of the respondents remarking that they found the Google group useful to share experience and understand the context in other countries, many also remarked that they did not have time to participate in the discussions as they would have wanted to because of their busy work schedules. Three of the respondents complained that they found it difficult to use the platform. There were two suggestions to hold the discussion live or as video calls.

Some of the comments include (spelling errors corrected):

“It is good idea for sharing the experience among the group members.”

“Difficult to follow particularly in condition where we are at the field for long period.”

“I found it difficult to see the updates”

“The discussion of google group benefit each other”

“It was very unfortunate that I couldn't engage in the google group mainly due to the work pressure. I am sure it would have been a great learning experience for those who did participate.”

2.7 Likes and dislikes about the course

2.7.1 One thing participants liked best about the course

What respondents liked best about the course were the course topics and their relevance to participants' profession, the richness and quality of the course materials, the time flexibility, the PPT with talking points and videos, the use of WHO guideline and the course content, the modular course structure, the time schedules, the medical information in the course, the support of course organizers and coaches, resources for discussion and assignments, the course organization, case studies, coaching, assignments and feedbacks, assignment clues, timely feedbacks, reference articles, 'simplicity and ease of understanding', learn from and compare experiences from other countries, the UpToDate information in the course, and the prompt email communications.

Below are a few of the comments (spelling errors corrected):

“It's easy to find the information and in different ways”

“PPP with talking points and videos”

“The different resources available for discussion and assignments, the time plan and schedule, and the different experiences from different countries and even from the same country”

“The course material was very educative, practical, orderly, makes you to research more even on your country”

“My coach was very persistent with my problems and I was encouraged to get better every day”

“The accessibility to so much resources of very updated content”

“It was much relevant to my areas work.”

“Coaching and presentation system”

“The relevance of the content.”

“Perfect program among online training”

“Well, it was an opportunity for me to understand adolescent sexual issues in our region and I could compare my country with others.”

“Rich and relevant material for reading”

“Highly structured & goal oriented.”

“Its educational structure, preparation of the modules and practical material, all were excellent.”

“Very flexible and accommodative for professionals like me.”

2.7.2 One thing participants liked the least about the course

About 28% of respondents (22) did not have any dislike about the course.

One thing least liked by many respondents was the Google group discussion (too many posts, too many emails, lack of time to read the posts, difficult to follow the discussion, no online discussions). Other things mentioned as least liked were: assignment (questions not clear enough, some were too long, too little time to finish, no clear criteria about how to score high), not enough time to read the course materials, too many materials to read, ‘diversity’ of case studies, interactivity (no interactive lectures, online discussions or virtual meetings between participants, coordinators and advisors), coaching (busy coach, feedback on assignment not constructive/ satisfactory), lack of online discussions / virtual meetings, some of the course topics (antenatal, intrapartum and postnatal care, HIV prevention and care, safe abortion care), no new statistical evidence on topics, sharing of experiences.

Few of the comments were (spelling errors corrected):

“Type of Assignments and there were no clear criteria about how to score high.”

“There’s little time to finish the assessment”

“No interactive lectures”

“Add more time to allow learner read most of the materials.”

“Not having the on-line discussions.”

“Google Group sent a lot of messages and information to my inbox that I could not read all of them.”

“Lack of virtual meetings between the course participants, coordinators and advisors.”

“Every think it was prefect”

“Too much assignment, which was too good to learn, which causes too much workload”

“There was not anything that I did not like regarding this amazing course”

“Being not able to follow group discussion.”

“Communication through google group”

“All sections were useful and valuable.”

“It was not clear who else is participating from my country and also there was no opportunity to connect with them.”

“There is no release from the work during the course, we were having less time to complete the assignment.”

2.8 Readiness to recommend the course to others

Majority of the survey participants (94%) were definite that they will recommend the course to others, 6% were however not sure (Figure 10).

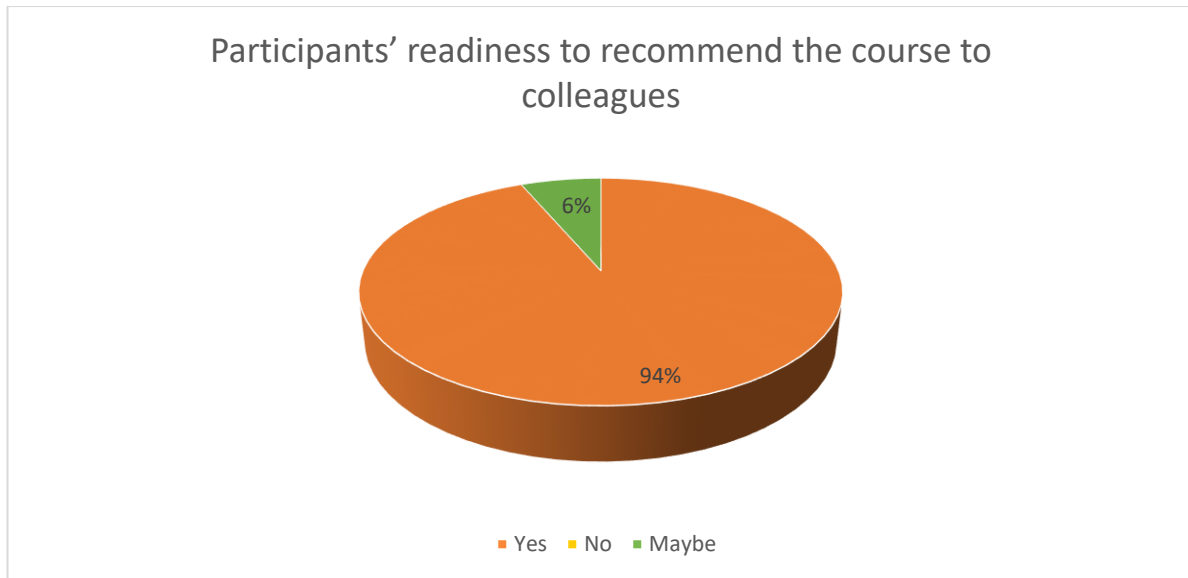


Figure 16: Respondents' readiness to endorse the course

2.9 Study hours per week

A little over a fourth of survey participants (22) spent less than 6 hours / week reading the course materials and preparing the assignments, only 8 of them spent 6 hours / week (the optimal study hours), whilst 25 spent 7-10 hours / week and 21% spent more than 10 hours/ week. The remaining 2% of participants did not know how much hours they spent on the course each week (Figure 17).

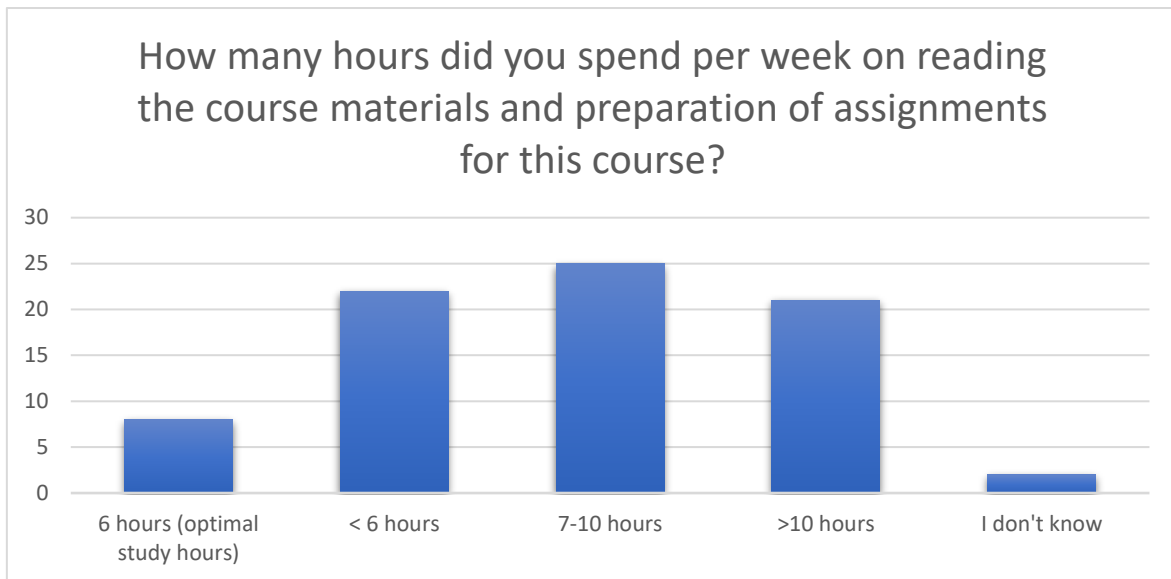


Figure 17: Number of hours spent per week on reading the course materials and preparation of assignments

3. Comments / suggestions from participants to help improve the course

3.1 Participants' experience sharing on other online courses

Survey participants were asked if they had participated in other online courses that they thought were of very good quality and what they liked about them. They were also asked to provide details on the courses so we could learn from them. For many respondents (37), this was their first online course. For those who had taken other online courses, what they liked about them included having to give PowerPoint presentations, play roles, affiliation with universities, extended deadlines for assignments, MCQ assignments, live lectures and discussions with possibility to listen to the recordings, correction of assignments, clear online frame that is easy to use and to read other participants' comments and discussions, interaction with course organizers and trainers.

Examples of comments are (names of courses and organizations replaced by an 'X', spelling errors corrected):

"I did some courses on X , some of them were very attractive because they involve us during presentation with quizzes, although the course was not reading only it was presentation with PowerPoint and play rolls."

"There are online courses linked with the International Universities and it would be good to do the same for this course as well".

"Yes, I have done X distance learning courses. Seven in total. The difference with this one is that X develops a whole manual specific for a particular module. It is comprehensive enough and it takes you step by step."

"I did online course on nutrition and the difference is in that course there was live lecture and opportunity for discussion. If you can't attend the course there is a possibility to listen the record."

“I have but, this has very good quality than the course I did. I did some online courses with X. the good thing about X was that they correct your scripts and you are able to see the corrected script.”

“Yes, Your course was very interactive and include timely contact sessions not only uploaded materials for observation.”

“Yes, it would be nice to have a more informative PowerPoint presentation for each module, and not just general information on the module at hand and data on the region”

“Every course have it's positive and negative points. For this course we miss the direct interactive communication with course director and technical expert.”

“Yes, I took an online course with X and the discussion part was very interesting. They were having a clear online frame easy to use and to read all participants comments and discussions.”

“Online sessions and online discussions sessions with attendance of participants 2 hours in a week.”

“Yes, I liked it because there was virtual presentations (online) and interaction with trainers”

3.2 Participants comments / suggestions

While many of the survey participants were satisfied with the course as it is and did not have any suggestions to improve it, many also gave diverse recommendations on how to improve the course concerning the module materials (add PPT on each research paper, more PPTs and interactions, use latest global data, make it more challenging to involve more research, online sessions for discussions or better discussion platform, more live sessions to discuss assignments, French language/ more languages, include experiences from the field); assignments (consider other form of assignments, more objective questions, clearer guidance on writing assignments, extended submission deadlines, standard page limits, more lenient evaluation especially when the required information is not available for the country, feedback/ corrections/ corrected scripts); discussion forum (online sessions); time issues (shorten the course duration, give more time to each module); coaching (more attentive, participatory and collaborative, more timely feedback and corrections on assignments, more than one coach); certificates (include total score); and others (have time for review at the end of the course, give time off work to attend the training, and make the course free for countries with sanctions).

Few of the responses are listed below (spelling errors corrected):

“This course is useful in my daily clinical practice and improve my knowledge about ASRH so I would like to attend this course.”

“Please guide clearly how to write assignments”

“Different assignments, on-line session for discussion, extended deadlines for submission of assignments”

“I would really like to thank all the organisers and the coaches for their work.”

“It's good to give the comments about assignment, I mean what are your coach corrections to understand more. It's good to put the total score for achievement in a certificate.”

“We were looking to have at least one hour virtual online session after each module to ensure proper discussion and feedback regarding the assignments, types of questions and answers.”

“Maybe have theme sessions via zoom for discussions and Q/A”

“Add a station for live discussion with the participants and the coach”

“Doing the course in French”

“Try to find a better way and online frame for the weekly question discussion.”

“I really like and request the GFMER and WHO to conduct these kind of training in the future as well which will be very very helpful. I would like to thank from the bottom of my heart for all people which organized that amazing course.”

“More frequent online meetings”

“I hope these kind of courses continues in the future on SRHR.”

“Thank you for offering me this wonderful course”

“Use another channel for communication instead of google group”

“Assign more difficult tasks to challenge the participant.”

“It's an excellent course and I want to duplicate it in French on our platform in National school of public health”

“It would be great to include a brief session on learning from the ground i.e. a ‘teletour’ of any relevant programme or intervention being implemented on the ground.”

Discussion

The response rate for this evaluation survey was 51%, which is above average for online surveys. Also, comparing the age and professional distribution of respondents to enrolled participants, we can assume that the respondents are a fair representation of enrolled participants and more possibly, of those who completed the course. Majority of the survey participants were from Asia and Africa, where EMR countries are located. Hence and also because most of the respondents are in the working age population from diverse professional background, the evaluation reflects the opinions of participants from the target countries and audience for the course.

The course was rated highly (excellent and good) by majority of the respondents (95%) which is very encouraging. However, one respondent rated the course as very poor. To understand the reason for this, the respondent's responses to other questions were analysed and interesting were found to be positive, strongly agreeing or agreeing to the statements on the course structure and objectives (neutral on the usefulness of the assignment clues), course topics and

coaching, liking the assignment and the one thing disliked about the course was the Google discussion. Most of the respondents agreed that the course was well organized, the objectives were clear, content was adequate with the learning resources well presented, the assignments were relevant and appropriate for the class level, the assignment clues were useful and that they will apply the knowledge gained from the course in their various fields. The one thing liked about the course reflected respondents' satisfaction with different aspects of the course. Survey participants appreciated the flexible assignment submission deadlines, regardless, a few would have liked more time to work on their assignments. Many respondents were of the opinion that the assignment clues should be retained for various reasons, majorly that they helped them to focus on the key areas of reading which is highly valuable for their busy schedule. The few who were not keen on keeping the assignment clues opined mostly that it does not encourage participants to read all the learning resources and one of them recommended that the clues should be vaguer. It is to be noted that the assignment clues do not provide direct answers to the assignment questions but only point to the relevant reading materials and the page (s) where participants can locate the answers. As such, finding the correct answer is still the responsibility of each participant. There was a suggestion to provide guidance on assignment writing. There was an online assignment guide for the course the link to which was shared with participants at the start of the course and each week in the course weekly schedule. A few participants joined the course late and it is possible that they were more focused on catching up with the course than reading the guide.

Respondents were also mostly of the opinion that the course topics were relevant to their practice. However, one to three respondents each felt that a few of the topics were not of relevance to them. Possible reason maybe the lower country/ regional prevalence of issues discussed in this topic. Participants would like to see the inclusion of some topics in future courses as earlier listed. Popular among these are topics on the mental wellbeing and empowerment of adolescents.

A key aspect of this training is the allocation of coaches to participants who serve as mentors to participants and also review and provide feedback on their assignments. We believe that assigning coaches to participants is instrumental to the high completion rates of our courses. It is therefore reassuring that 96% of the respondents rated the overall quality of coaching received 3 or more. Three respondents were however dissatisfied with their coaches while incidentally, their overall ratings of the course were 3 or more. Since this was an anonymous survey, we cannot ascertain the concerned coach/ coaches. An orientation session for coaches was held at the start of the course to standardize coaching, and coaches were encouraged to interact with their participants which majority of them did, creating WhatsApp groups and arranging online meetings with them in addition to interactions via emails. Moreover, a mid-course online session was held for feedback and to address constraints, and assignment marking guides were sent to them with ongoing communications throughout the course. There is however always room for improvement, and we will continue to work to strive to better the quality of coaching for our participants.

Respondents had differing opinions regarding the usefulness or not of the Google Group discussion platform. The major constraint identified for the use of the platform was time as they were too busy. Only very few respondents had challenges with using the platform. Some respondents would prefer a live/ virtual discussion forum. It is worthy of note that the functionality of the Google Group platform is different from some of the alternatives proposed by participants. The platform offers the advantage that participants from different time zones and with different personal and work schedules can prepare discussion items at their

convenience and go into the platform to post and read and respond to colleagues' posts. On the contrary, the virtual discussion platform preferred by many participants which though can make the course more interactive, has the disadvantage that participants may not all be available to join a session (though may watch recordings) and because it will be for a limited time duration, the depth of the discussion will also be limited. Internet connectivity and other technical issues may also interfere with the session. Nevertheless, the continued use of the Google Group discussion platform will be evaluated, and the suitability and pros and cons of alternatives weighed for an informed decision.

After taking on board suggestions from past participants, to make the course more interactive, video recordings of each presentation and case studies/ expert commentaries were included and questions were posted in the Google Group to stimulate the discussion and coaches took turns to respond to posts. This was appreciated by participants. However, there were still a few remarks that the course could be made more interactive with live lectures or discussion sessions. While virtual discussion platforms may be considered, this is a full online course which is not structured to involve live teaching. This suggestion will nonetheless be discussed with the course coordinators.

About a third of respondents spent 6 hours (the expected study hours per week for the course) or less per week on each module and the remaining spent more. The course is self-paced and this along with unequal internet speed and connectivity in different countries may explain the disparities in study hours.

The survey participants provided useful suggestions to improve the course. From their experiences taking other online courses, the aspect of the course they would like to see improvement are mainly in the interactivity (live lectures/ discussion sessions/ interaction with trainers) and the Google Group discussion platform. We believe that the structure and objectives of each course are different. As previously noted, based on feedback from previous courses, a lot of effort was made by the course coordinators to ensure each module presentation had an accompanying video which participants could watch at their own time. Given the different locations of participants of our courses and the various commitments and challenges faced by all concerned, replacing the presentations with live lectures may jeopardize the objective of the course to make quality learning available and affordable to as many health professionals as possible in the field of SRH. In addition, this was an e-learning course that offered all participants every flexibility to complete the course. There were suggestions for participants to meet with the technical experts for the course. It should be noted that an end of course Zoom meeting was held to reflect on the course, and this provided participants the opportunity to meet with the course coordinators, resource persons, coaches and organizers. Another suggestion was to offer the course in more languages. This is a recurring suggestion which has been given serious thoughts. As a result, a Francophone version of the ASRH course is in the planning stage and a Spanish version of the course is being considered. There were opposing suggestions from a few participants on the course timing. Also, a respondent would like the course to be more challenging. However, we have to keep a balance and as majority of respondents were happy with the course structure and content, we believe that the eight weeks modular structure is for now ideal for the course and challenging enough.

Overall, we can conclude from the result of this evaluation that majority of participants were satisfied with the course, the course objectives were met and most (94%) will recommend the course to their colleagues. This evaluation has also provided us the opportunity to receive

valuable suggestions from the participants who were the target audience for this course which will help us to improve on future courses taking into consideration cost, access and other implications.

We would like to express our appreciation to all the participants who spent time to take part in this evaluation survey to provide us with this precious feedback to improve our courses towards our effort to making a positive difference in SRH, particularly ASRH.

Conclusion

This report has presented the findings from the end of course evaluation of the 2021 EMRO-GFMER ASRH 2021 course which showed that the course objectives were met and participants were happy with the course. The evaluation listed other topics of interest to participants that could be incorporated into future courses. There were also recommendations that could help improve subsequent courses.

Key recommendations based on findings from this report

1. Make the course more interactive with live lectures/ seminars.
2. Improve student and tutor interaction
3. Provide timely and constructive feedback on assignments with corrections and explanation on scoring.
4. Review the Google Group platform and consider more interactive forums like online discussions.
5. Continue to maintain flexibility with the assignment deadlines.