

**GENEVA FOUNDATION
FOR MEDICAL EDUCATION AND RESEARCH**



**2021 "Family Planning": An Online Evidence-based Course
Course Evaluation Report**

**Ms Nefertari Boles
Dr Raqibat Idris
Ms Fionna Poon
Dr Melaku Samuel**

May 2022

Acknowledgement

The Geneva Foundation for Medical Education and Research team expresses its heartfelt appreciation to the Department of Sexual and Reproductive Health and Research of the World Health Organisation for its collaboration in organizing this course.

Our profound gratitude also goes to the Course Coordinator, Dr Rita Kabra (Department of Sexual and Reproductive Health and Research, WHO) and to Dr James Kiarie, Dr Moazzam Ali and Dr Petrus Steyn (Department of Sexual and Reproductive Health and Research, WHO) for their support throughout the course.

We would also like to appreciate and thank our coaches, all the course resource persons and the course advisory group for their invaluable contributions towards the success of the course.

Special thanks to WHO HQ, EMRO and SEARO for the sponsorship provided to participants of the course, and to other institutions that funded their employees to take the course.

Lastly, a huge thank you to our coaches Ms Nefertari Boles and Dr Melaku Samuel Hottessa for their invaluable contributions towards the preparation of this report.

Table of Contents

Acknowledgement	1
Table of Contents	2
List of Tables	3
List of Figures.....	3
Background.....	4
Course evaluation report.....	10
Results	12
1. Demographic information on continents, age and profession	12
2. Course evaluation	14
2.1 Participants overall course ratings	14
2.2 Course objectives and structure	15
2.2.1 Respondents’ scoring of course objectives and structure	15
2.2.2 Additional comments on course structure	16
2.3 Relevance of course topics	16
2.3.1 Respondents’ rating of relevance of course topics to their professional practice	16
2.3.2 Topic (s) related to FP in respondents’ countries that they would like to be added to future courses	17
2.3.3 Additional comments on course topics.....	18
2.4 Respondents rating of quality of coaching	18
2.5 Assessment of coaches	19
2.5.1 Respondents’ assessment of coaches.....	19
2.5.2 Additional comments on coaching	19
2.6 Effectiveness of Google Group	20
2.6.1 Respondents’ assessment of effectiveness of Google Group	20
2.6.2 Addition comments on Google Group.....	20
2.7 Likes and dislikes about the course	21
2.7.1 One thing participants liked best about the course	21
2.7.2 One thing participants liked the least about the course	22
2.8 Readiness to recommend the course to others	23
2.9 Study hours per week	24
3.10 Comments / suggestions from participants to help improve the course	24
Discussion.....	26
Conclusion and recommendation	28

List of Tables

Table 1: Enrolled participants by country of residence 6
 Table 2: Continents of respondents 12
 Table 3: Age group of respondents..... 13
 Table 4: Profession of respondents..... 14

List of Figures

Figure 1: Enrolled participants by WHO funding 7
 Figure 2: Enrolled participants by gender 7
 Figure 3: Enrolled participants by age group 8
 Figure 4: Enrolled participants by profession..... 8
 Figure 5: Enrolled participants by regions..... 9
 Figure 6: Enrolled participants by target countries..... 9
 Figure 7: Continent breakdown of respondents 12
 Figure 8: Age group of respondents 13
 Figure 9: Profession of respondents 14
 Figure 10: Overall course rating 15
 Figure 11: Respondents’ opinion about course objectives and structure..... 15
 Figure 12: Relevance of course topics to participants’ practice 17
 Figure 13: Respondents rating of quality of coaching 18
 Figure 14: Respondents’ assessment of coaches 19
 Figure 15: Respondents’ assessment of effectiveness of Google Group..... 20
 Figure 16: Respondents’ readiness to endorse the course 24
 Figure 17: Number of hours spent per week on reading the course materials and preparation of assignments 24

Background

GFMER “Family Planning”: An Online Evidence-based Course 2021 is one of the online training courses organized by the Geneva Foundation for Medical Education and Research (GFMER). It was organized in collaboration with the World Health Organization Department of Reproductive Health and Research/Human Reproductive Programme. The goal of this course is to promote the provision of evidence-based informed reproductive choices and access to family planning services among health services providers in different countries. The course coordinator was Dr Rita Kabra of Department of Sexual and Reproductive Health and Research, World Health Organization. The duration of the course was four weeks from 14 June 2021 to 11 July 2021. The course covered four major topics surrounding Family Planning: Family Planning Frameworks and Indicators, Reproductive Rights, and Gender; Contraceptive Methods; Family Planning Guidelines and Tools; and Principles of Integration of Family Planning and Counselling, Postpartum Family Planning, Resources and Financing, Effects of Covid-19 on Family Planning and Telemedicine.

The course core team comprised:

- WHO Headquarters
 - Dr Rita Kabra
 - Dr James Kiarie
 - Dr Moazzam Ali
 - Dr Petrus Steyn
- External contributors
 - Dr Charu C. Garg (OJAS consulting; UNICEF and WHO consultant)
- Geneva Foundation for Medical Education and Research
 - Dr Raqibat Idris
 - Ms Fionna Poon
 - Prof Aldo Campana

Participants of the course were recruited by announcements by GFMER through its website, network, social medias, coaches and country coordinators; by WHO EMRO and SEARO, country offices and other WHO network as well as regional NGOs and health ministries. Majority of the participants were nominated and sponsored by WHO HQ (including WHO AFRO/HQ) from family planning accelerator countries (Afghanistan, Pakistan, India, Myanmar, Nepal, Timor-Leste, DR Congo, Guinea, Kenya, Madagascar, Mali, Niger, Nigeria and Tanzania).

GFMER engaged 29 coaches from 18 countries. An orientation session was held for 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 and audio-visual materials, and referrals to related websites. The course materials could be downloaded for offline reading. During the course, two live webinars were organized to answer to questions on the course content from students and coaches. The course was assessed by weekly multiple-choice questions (MCQs) and individual assignments, and one group assignment. Coaches marked and provided 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 311 health professionals from 47 countries (Table 1), mainly funded by WHO EMRO (35%), WHO HQ (34%) and WHO SEARO (27%) (Figure 1) and largely female (74%, Figure 2), between the ages 25 and 54 years (90%, Figure 3) and working mostly as doctors, program managers/ implementers, midwives/nurses or government officials (88%, Figure 4), enrolled for the course. Majority of enrolled participants were from Southeast Asia, Eastern Mediterranean and Africa regions (99%, Figure 5) and 43% (133 participants) were from WHO HQ - 14 family planning accelerator countries (Figure 6). Of the total 311 enrolled participants, 300 were active (96% active rate) and 280 completed the course (completion rate of 90% of enrolled and 93% of active participants) and were awarded with certificates co-signed by WHO and GFMER. The top 10 performers of the course received an additional certificate of commendation.

At the end of the course, a Zoom meeting was organized for all participants, coaches, course organizers and course resource persons. A course evaluation survey was performed to assess the satisfaction level and usefulness of the course to participants and to identify areas of improvement. This report presents the findings from the participants course evaluation.

Table 1: Enrolled participants by country of residence

Country of residence	No. of participants
Afghanistan	7
Bangladesh	9
Bhutan	9
Burkina Faso	2
Cameroon	10
DR Congo	3
Egypt	8
Ethiopia	27
Ghana	3
India	18
Indonesia	5
Iran	3
Iraq	23
Kenya	7
Maldives	9
Morocco	2
Myanmar	28
Nepal	12
Nigeria	12
Oman	9
Pakistan	33
Somalia	13
Somaliland	4
South Africa	2
Sri Lanka	12
Tanzania	9
Thailand	8
Timor-Leste	4
United State	2
Others with one participant each: Bahamas, Burundi, Canada, Chad, Gambia, Haiti, Italy, Lesotho, Liberia, Malawi, Montserrat, Mozambique, Namibia, Philippines, Qatar, Sudan, Tunisia and Yemen	18
Total	311

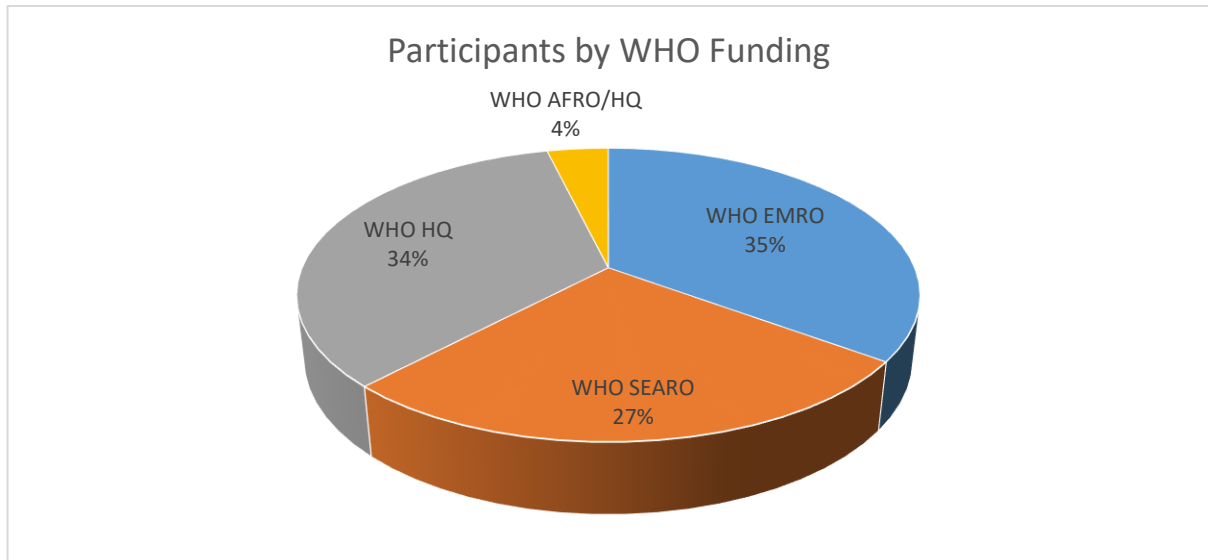


Figure 1: Enrolled participants by WHO funding

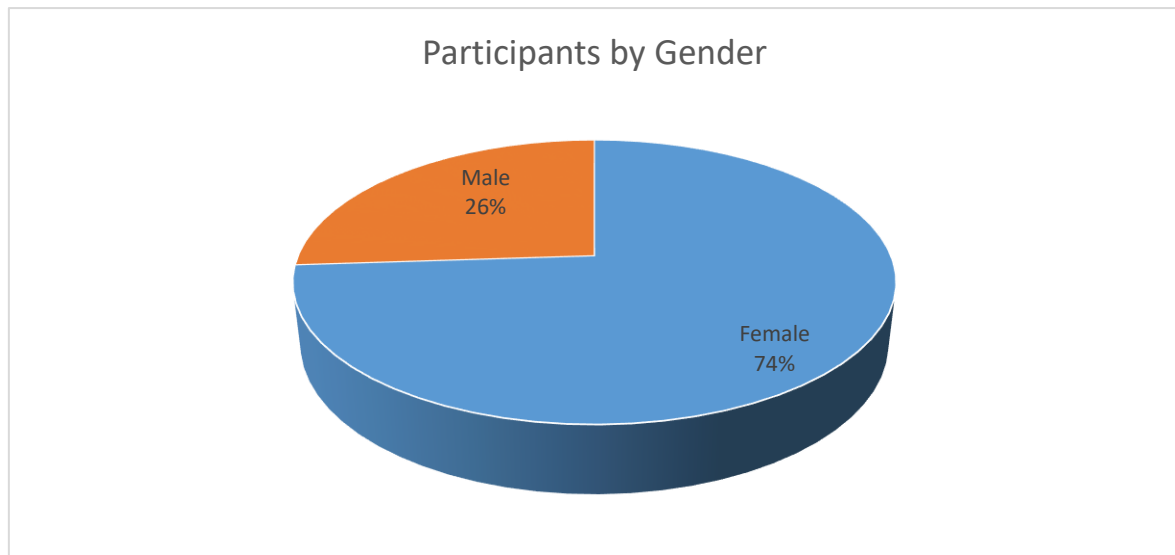


Figure 2: Enrolled participants by gender

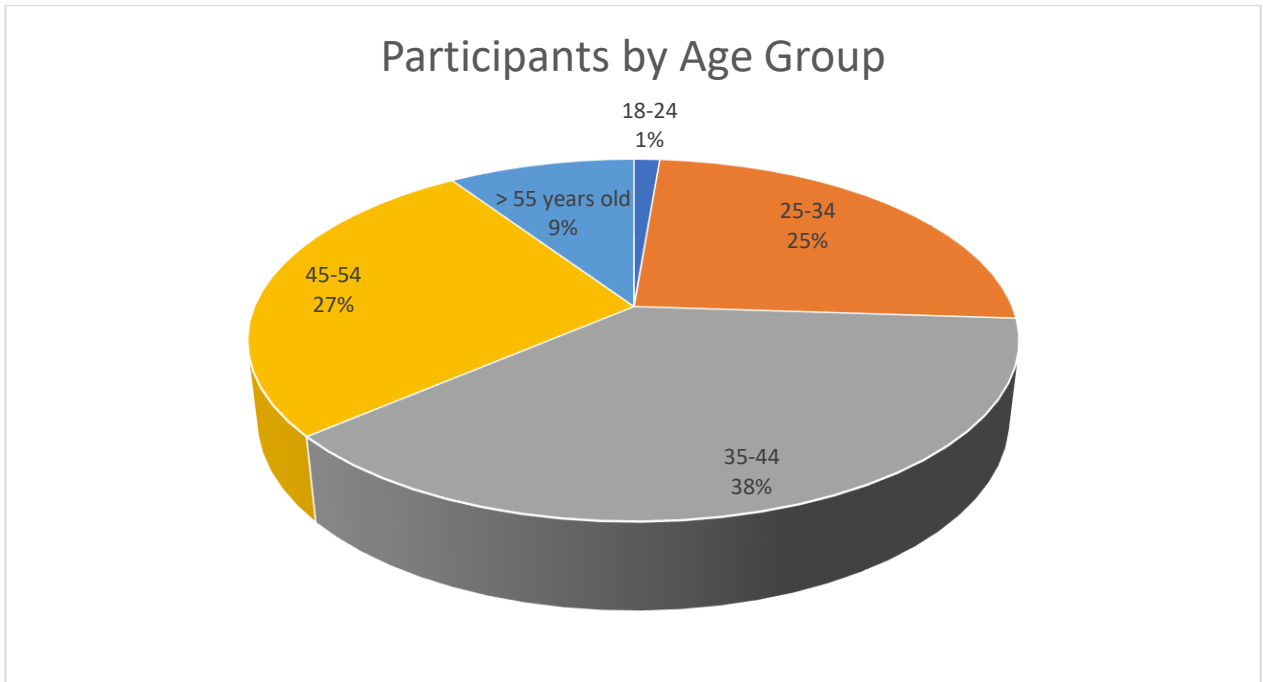


Figure 3: Enrolled participants by age group

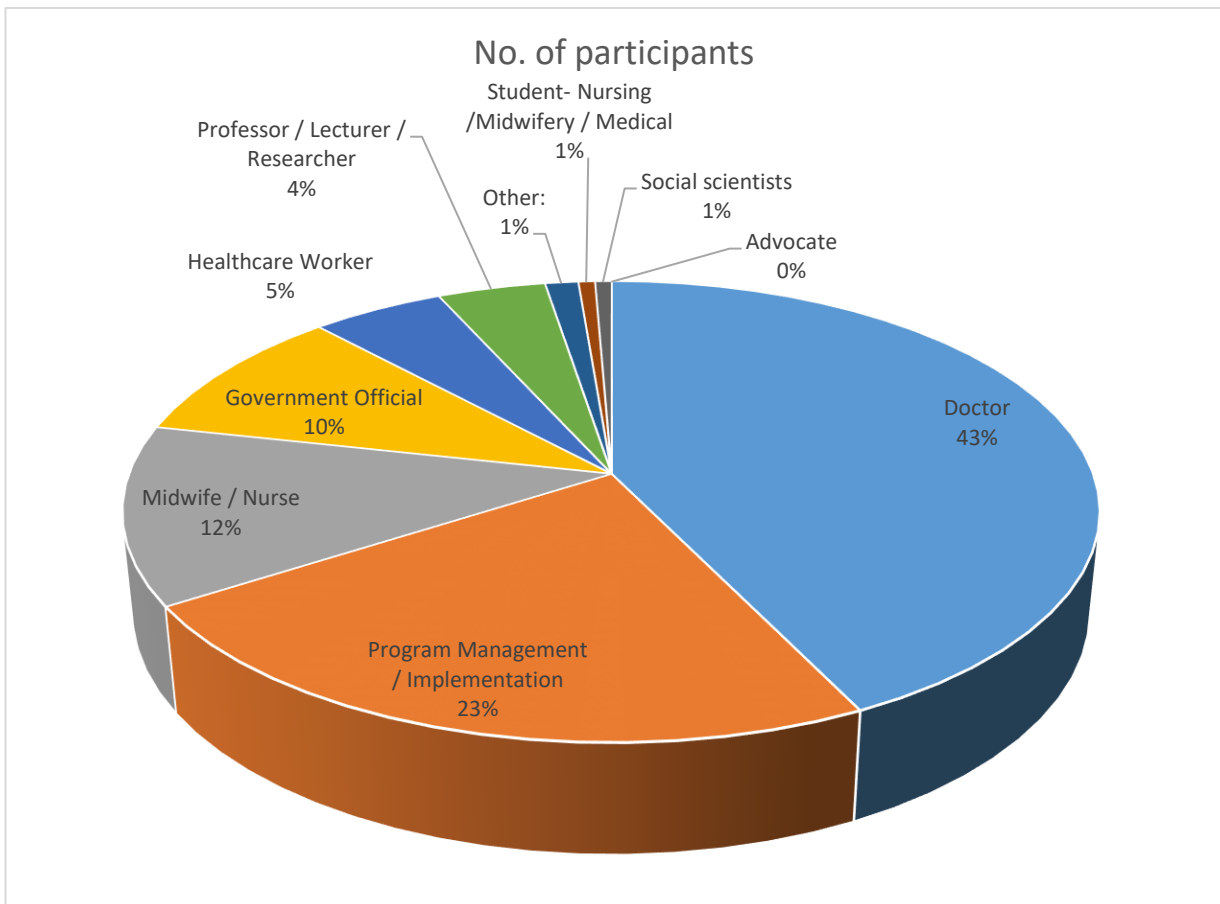


Figure 4: Enrolled participants by profession

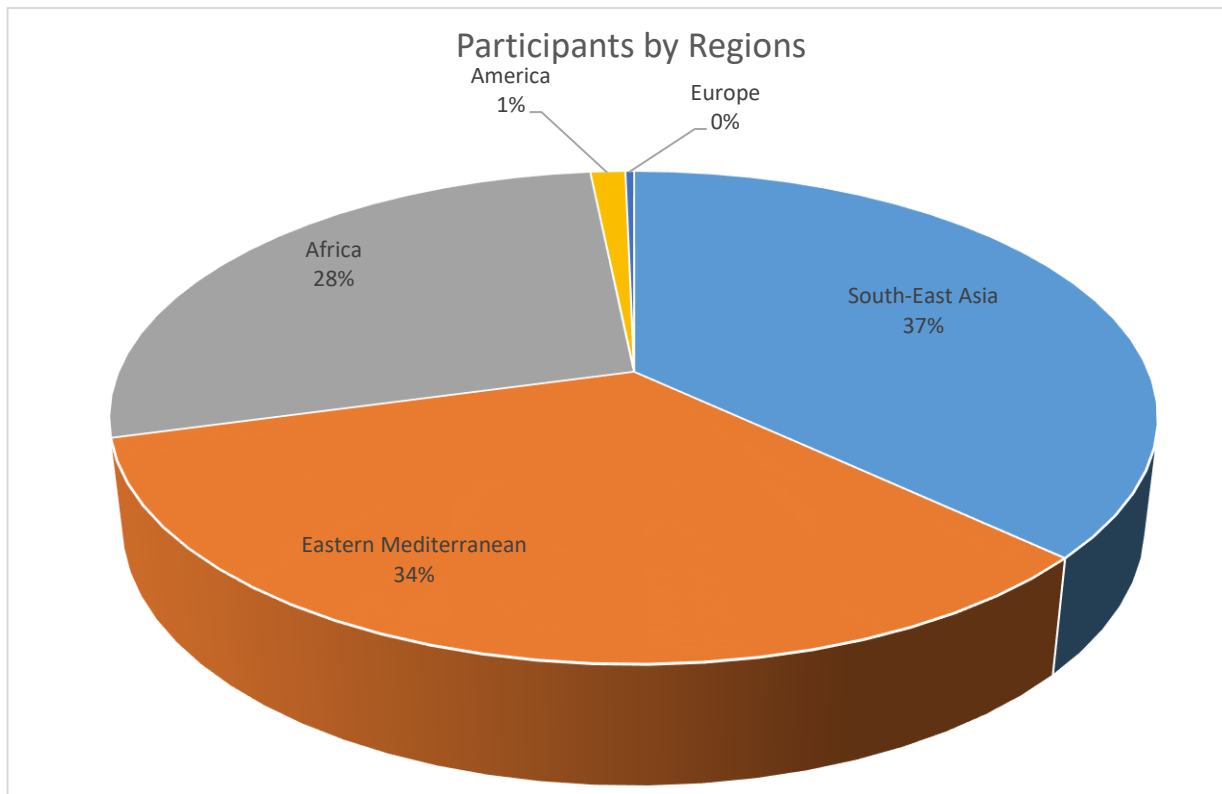


Figure 5: Enrolled participants by regions

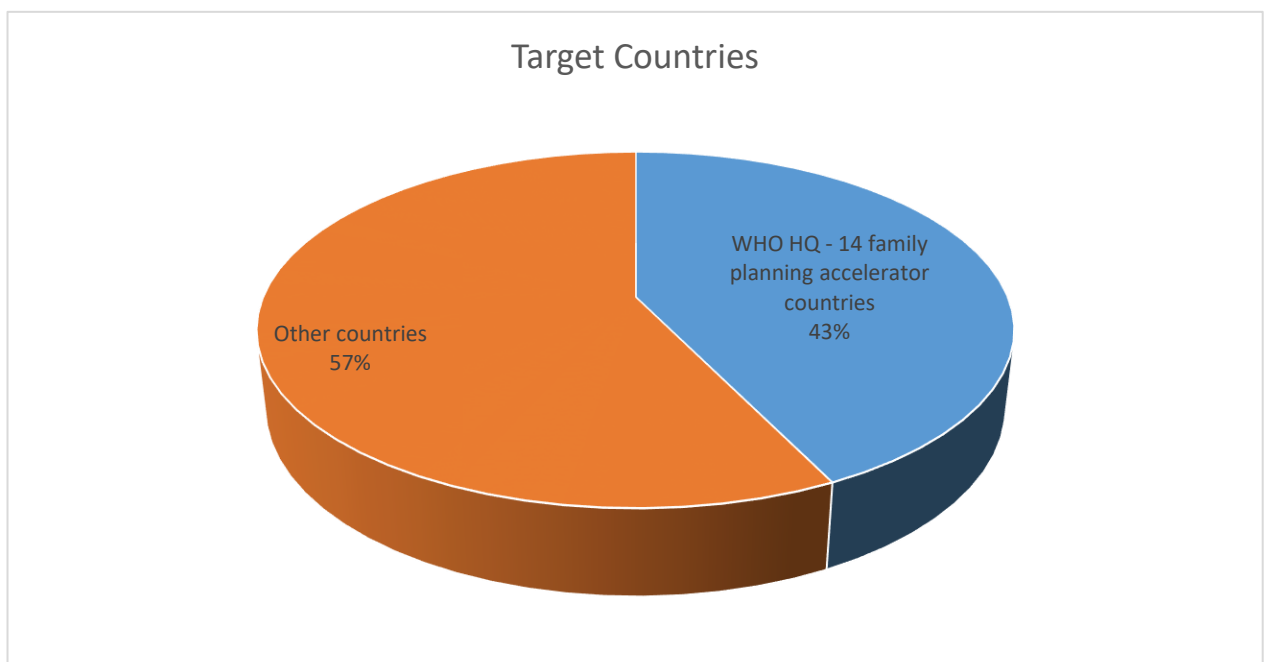


Figure 6: Enrolled participants by target countries

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 quality of 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 individual assignments were relevant and helpful to my learning
- vi. The group assignment was relevant and helpful to my learning
- vii. The assignments were appropriate for the level of this class
- viii. I found the assignment guides useful
- ix. I will apply the knowledge gained from this course in my professional practice

2.2.2 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. Family Planning Frameworks and Indicators, Reproductive Rights, and Gender
- ii. Contraceptive Methods
- iii. Family Planning Guidelines and Tools
- iv. Principles of Integration of Family Planning and Counselling, Postpartum FP, Resources and Financing, Effects of Covid-19 on FP, Telemedicine

2.3.2 Participants were asked to mention topic (s) related to family planning 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.

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

Results

Of the 280 participants who completed the course, 95 submitted the survey, with 34% response rate.

1. Demographic information on continents, age and profession

The 95 survey participants were from 2 continents: Africa (41, 43%) and Asia (54, 57%), (Table 2, Figure 7).

Table 2: Continents of respondents

Continent of residence	No. of participants	%
Africa	41	43%
Asia	54	57%
Total	95	100%

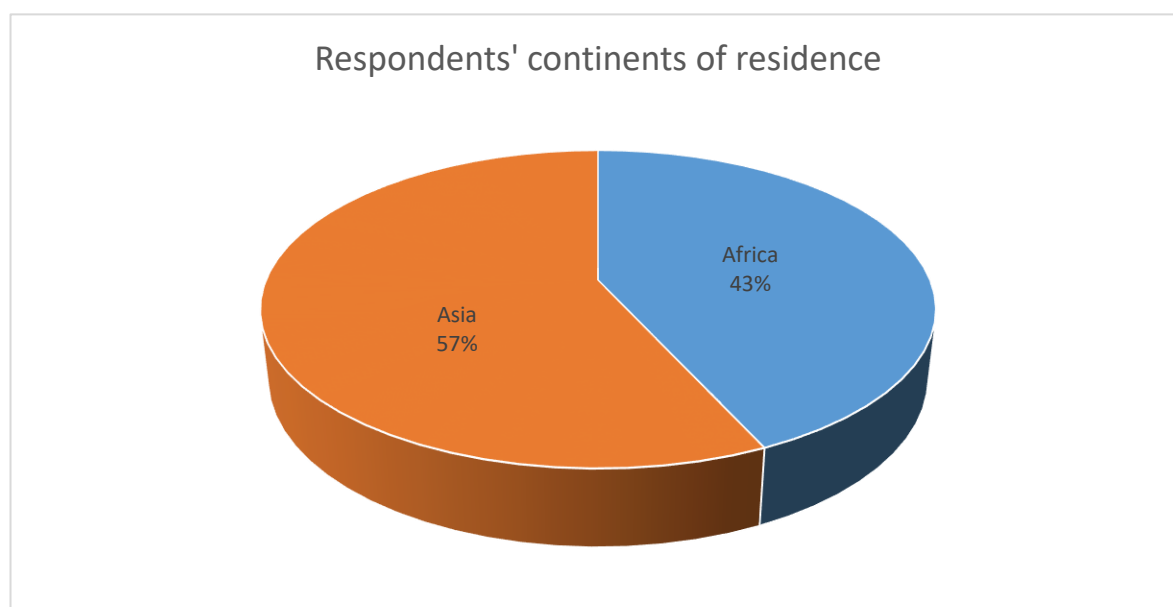


Figure 7: Continent breakdown of respondents

Majority of the respondents belonged to the age group 35-44 (35, 37%), followed by the age groups 45-54 (26, 27%), 25-34 (20, 21%), ≥ 55 years (12, 13%) and 18-24 (2, 2%) (Table 3, Figure 8)

Table 3: Age group of respondents

Age group	No. of participants	%
18-24 years old	2	2%
25-34 years old	20	21%
35-44 years old	35	37%
45-54 years old	26	27%
55 years old and above	12	13%
Total	95	100%

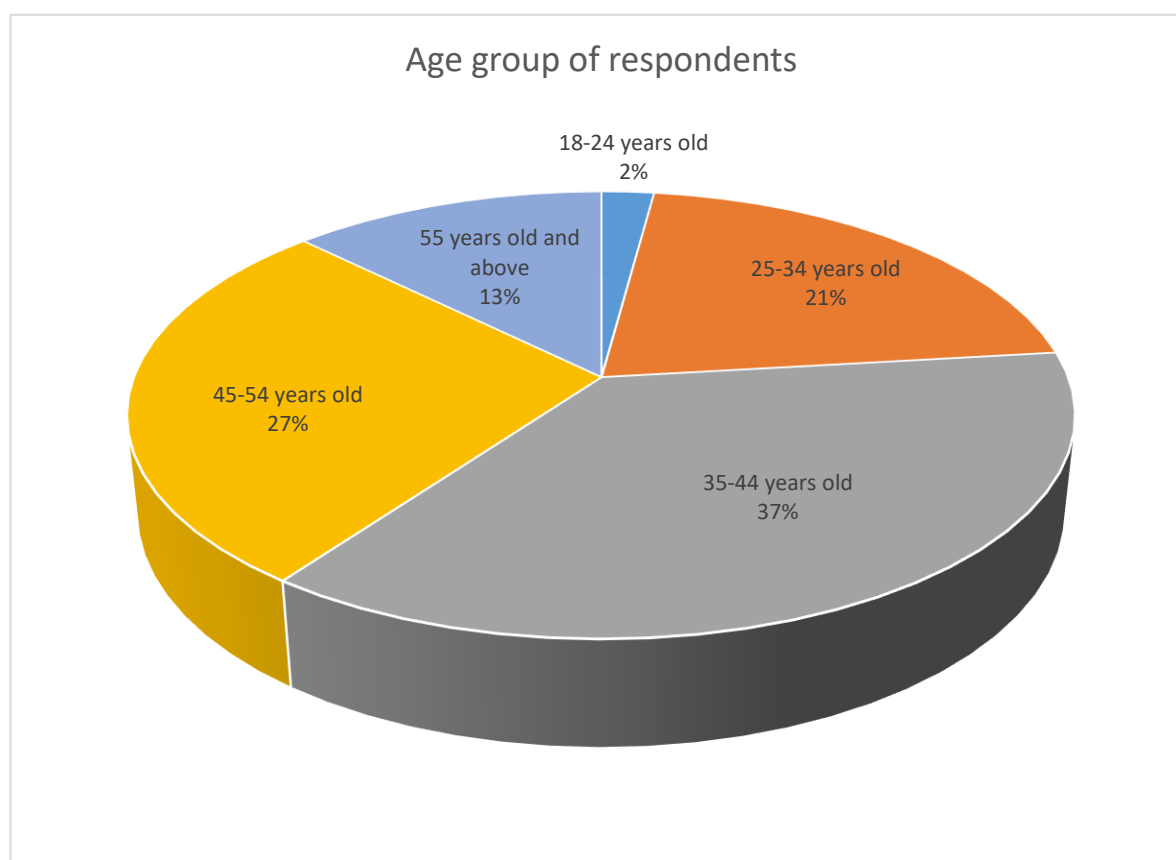


Figure 8: Age group of respondents

Respondents were mostly program managers / implementers (32, 34%), then doctors (29, 31%), professors/ lectures/ researchers (11, 12%), government officials (8, 8%), midwives / nurses (7, 7%) and healthcare workers (4, 4%) (Table 4, Figure 9).

Table 4: Profession of respondents

Profession of respondents	No. of participants	%
Government Official	8	8%
Doctor	29	31%
Midwife / Nurse	7	7%
Program Management / Implementation	32	34%
Healthcare Worker	4	4%
Professor / Lecturer / Researcher	11	12%
Student - Nursing / Midwifery / Medical	1	1%
Other:	3	3%
Total	95	100%

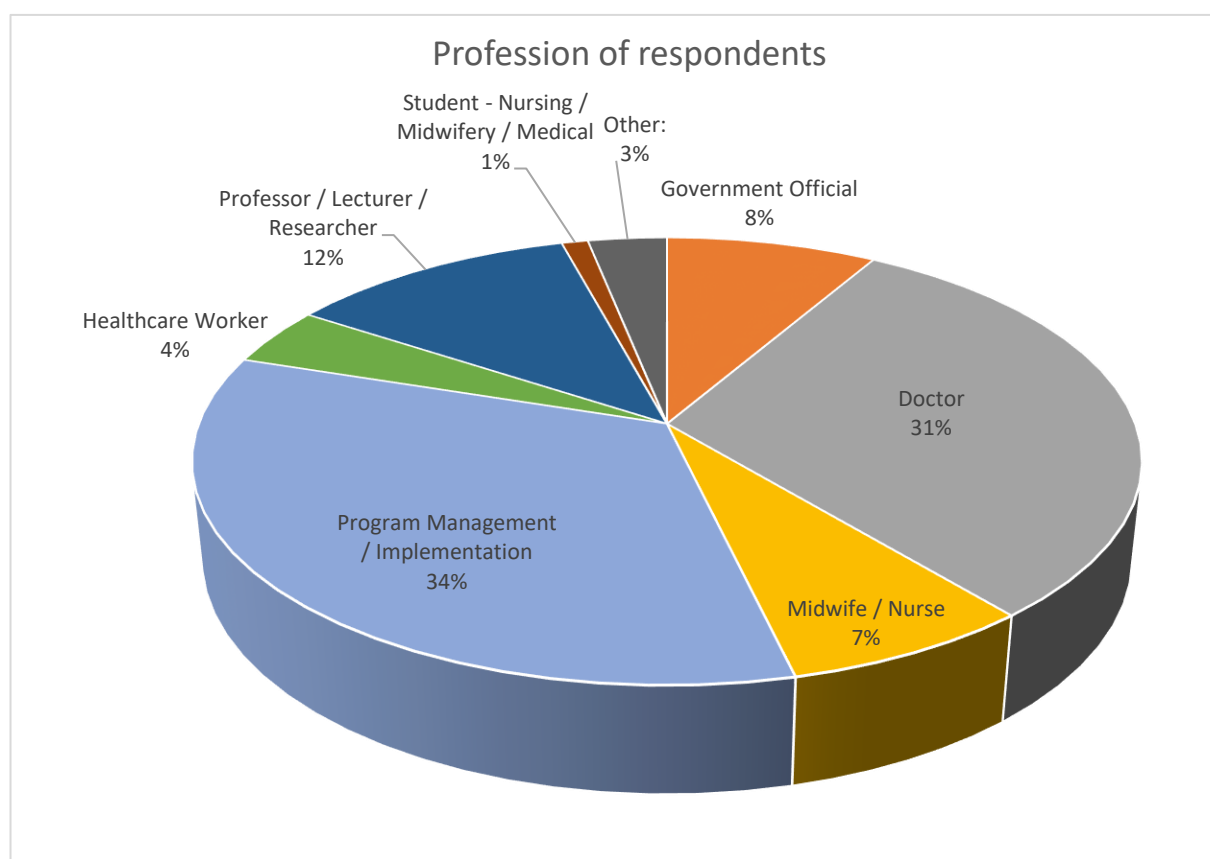


Figure 9: Profession of respondents

2. Course evaluation

2.1 Participants overall course ratings

Majority of the survey participants (96%) rated the course 5, excellent (49%), which is the highest rating or 4, good (47%). Very few participants (4%) gave a rating of 3, fair (Figure 10).

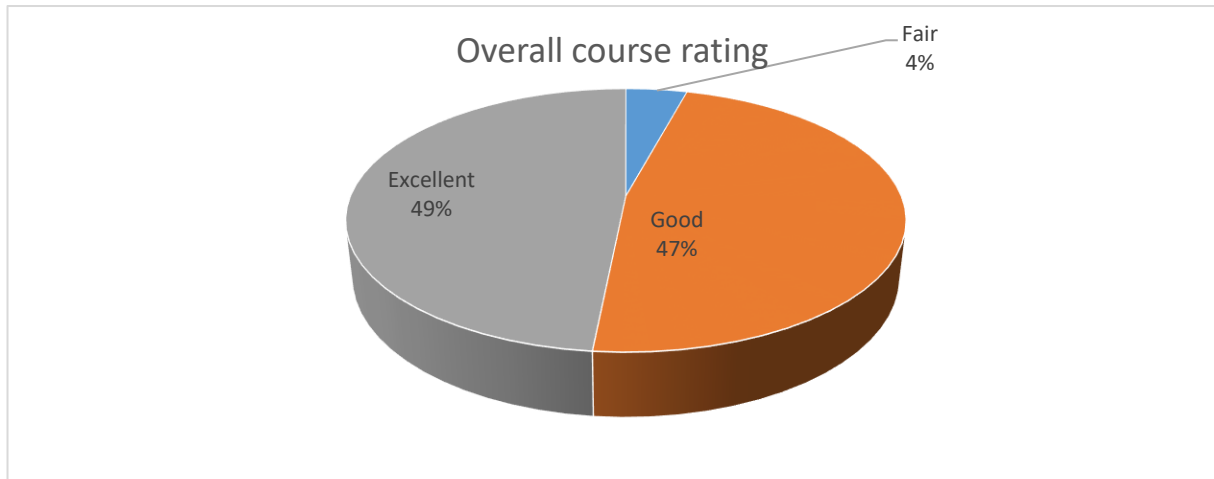


Figure 10: Overall course rating

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 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, relevance of individual and group assignments, usefulness of the assignment guides and application of knowledge gained from the course. We doubted the responses of participants who submitted "1 strongly disagree" in all questions as we checked their written comments, and all were very positive.

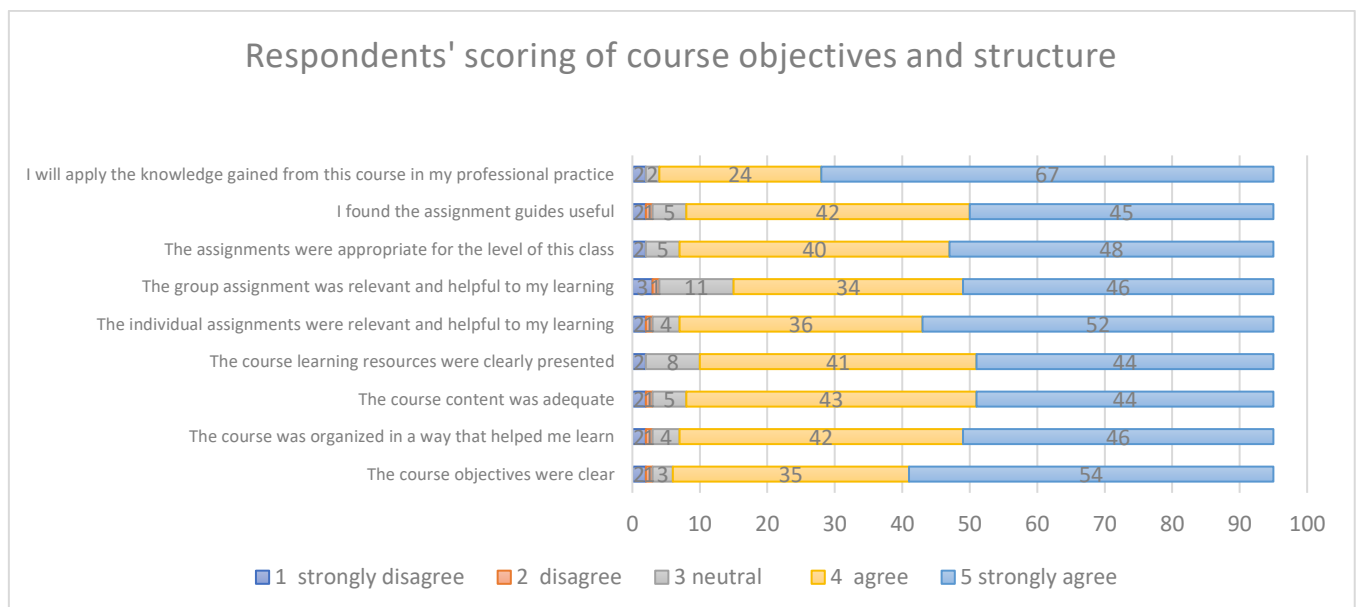


Figure 11: Respondents' opinion about course objectives and structure

2.2.2 Additional comments on course structure

Respondents were asked to provide any additional comments on the course structure. This was an optional comment with 49 responses. Most of the comments revealed that the course was well-structured and the respondents were satisfied with course approach. Many respondents commented that the course was well-organized with adequate reading materials and helpful to improve and update FP knowledge. On the other hand, some respondents suggested that though the course is very useful, the schedules were very tight to accomplish all the weekly tasks in addition to their routine job. Other remarks were to include videos to supplement power point presentations and add video presentations related to counselling session and FP procedures.

Below are few responses (spelling errors corrected):

“Excellent course to be attended in my professional life”

“The course is very helpful and useful for me to learn and gain more knowledge about family planning. It gives me the way how to find the information relevant with family planning”

“The course was designed well and I was very comfortable with the sequential pattern of the topics too”

“The learning resources was very clear and helpful”

“Very useful course and change my approach to family planning in my work as manger”

“The course was systematic and appointment of coach for the group was very much appreciable”

“The time was very short, and beside the daily office task and reading of the materials was difficult due to shortage of time and luck of resources like electricity and internet”

“Consider including videos to supplement the power point slides, the MCQ should be automated for immediate feedback to the participants”

2.3 Relevance of course topics

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

As depicted in figure 12 below, 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 Principles of Integration of Family Planning and Counselling, Postpartum FP, Resources and Financing, Effects of Covid-19 on FP, Telemedicine (9) and Family Planning Frameworks and Indicators, Reproductive Rights, and Gender (6) whilst very few participants strongly disagreed/ disagreed about the relevance of some modules to their practice: Family Planning Frameworks and Indicators, Reproductive Rights, and Gender (3), Contraceptive Methods (2), Family Planning Guidelines and Tools (2), and Principles of Integration of Family Planning and Counselling, Postpartum FP, Resources and Financing, Effects of Covid-19 on FP, Telemedicine (2).

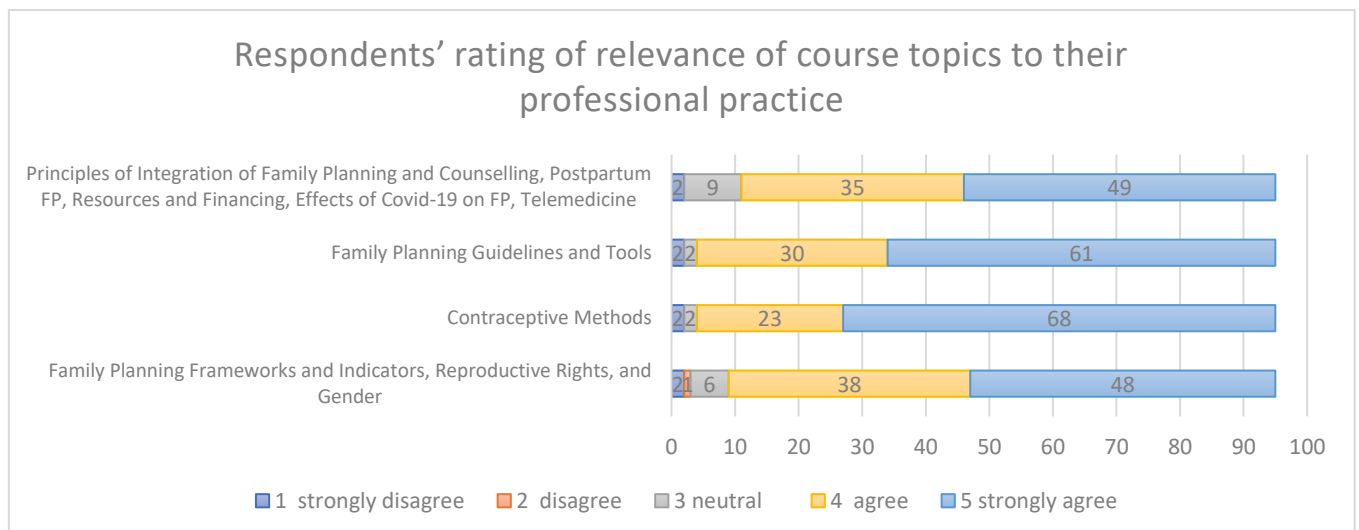


Figure 12: Relevance of course topics to participants' practice

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

Survey participants were asked to provide any topics related to FP in their countries that they would like to be included in the future. Most respondents were of the opinion that the current topics of the course were adequate and included all the relevant topics on FP. However, some respondents indicated topics that are already in the course but require more emphasis while others proposed FP topics related adolescents and COVID-19. Topics recommended by respondents were grouped as follows:

1. FP topics that require more attention: Family Planning counselling, improving the quality of FP/Contraceptive services, FP Advocacy tools, Advocating the resistant groups, synergizing with other health programs to enhance the FP coverage, myths and misconceptions regarding FP methods, family planning and human rights, FP and self-care, postpartum family planning (PPFP), LARC and permanent FP methods, family planning guidelines and tools, Couple-Years of Protection (CYP)
2. Topics related to FP for adolescents: Adolescent Contraception, provision of FP services to teenagers and overcoming social stigma, Family planning and health education/information for adolescents, barriers faced by unmarried and adolescents in seeking contraceptive services, Comprehensive Sexuality Education (CSE)
3. COVID-19 and FP: Strategy to improve FP counseling and services in longer COVID-19 pandemic and armed conflicts, effects of Covid-19 on FP, Telemedicine, how to increase access of FP in humanitarian and fragile settings as well use of private sectors to deliver last mile family planning commodities
4. Other topics: Financing FP, cost analysis of FP service, FP and health economics, cost effective analysis to family planning methods, male participation in FP and male contraceptives, Islam and family planning, brief sexuality-related communication (BSC), abortion, gender based violence and family planning, research on adverse effect in using family planning for long period.

2.3.3 Additional comments on course topics

Respondents were asked an optional open-ended question to provide any comments on the course topics, for which 39 of them expressed their opinions. Most respondents mentioned that course topics are relevant, very useful and they are according to course objectives and expected outcomes. But, few respondents suggested to have more webinars, live lectures, zoom meetings and discussions. A couple of participants commented that there was shortage of time as the course requires a lot of readings and assignments. Quoting a few respondents:

“Course topic was excellent and very much relevant”

“Topics were excellent, adequate and in self-learning mode”

“Course topics are relevant to the current situation and problems regarding family planning programs in various countries. For similar courses in the future, it may be necessary to have a topic on innovations in family planning services during the pandemic”

“More details on family planning counselling specifically for adolescents would be much helpful”

“The course was well packed with a lot of information but there is need to add delivery of family planning in humanitarian and fragile setting”

“I request to continue updating training so that we can apply to the services in our country”

2.4 Respondents rating of quality of coaching

Most of the respondents (98%) rated the overall quality of coaching/ tutoring received during the course as 5 Excellent (52%), 4 Good (35%) or 3 Fair (11%). However, 2% of participants gave a rating of 2 Poor (Figure 13).

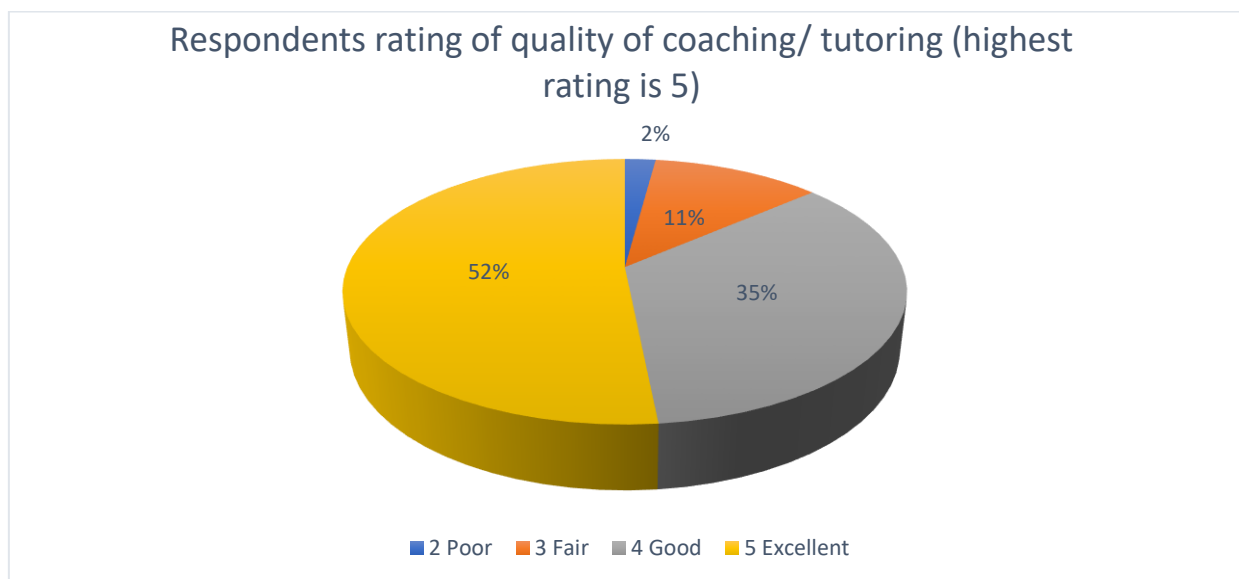


Figure 13: Respondents rating of quality of coaching

2.5 Assessment of coaches

2.5.1 Respondents' assessment of coaches

Most participants (averagely 80, 84%) agreed or strongly agreed to the statements assessing the coaching provided by their coaches during the course, while 11 on average were neutral (12%). An average of 4 respondents disagreed or strongly disagreed with the statements (4%) (Figure 14).

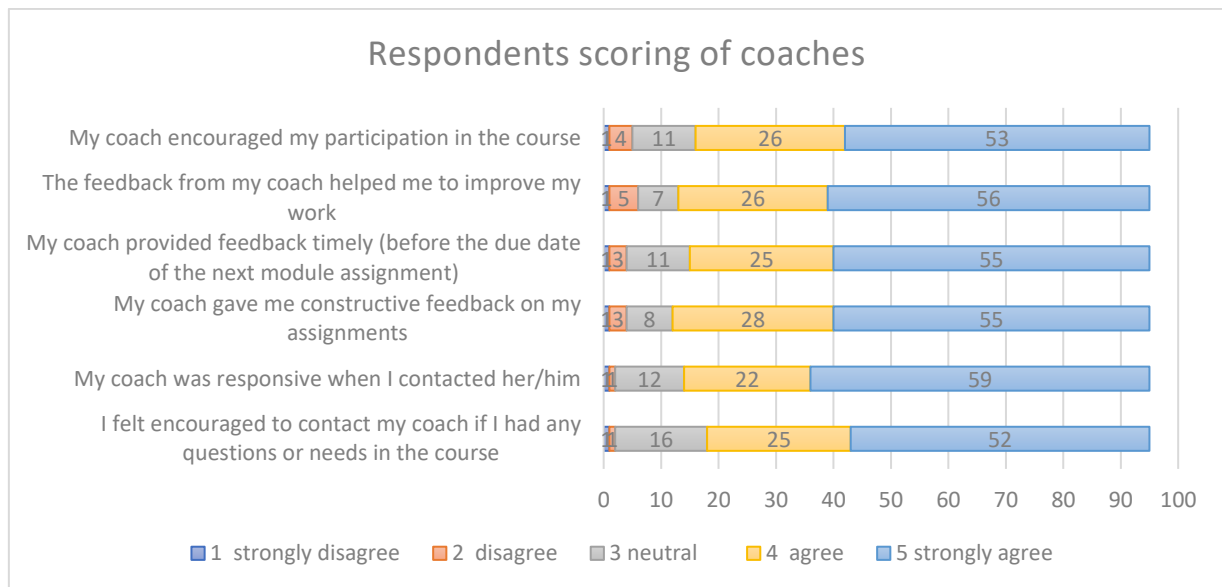


Figure 14: Respondents' assessment of coaches

2.5.2 Additional comments on coaching

Survey participants were requested to comment on the coaching/mentoring received by them during the course. This open-ended question was optional and 42 participants provided their comments. Most of the responses were positive and in favour of the coaching approach used by GFMER course to facilitate the learning process. Respondents expressed that their coaches were very cooperative, good communicators, talented, knowledgeable, competent, energetic, committed, tireless, patient, friendly, supportive, kind, humble, professional, helpful, excellent, wonderful, hard-working, approachable, motivating and available all time. However, a few respondents commented that the coach was not active, had challenges to contact the coach due to poor network and that the coach was not providing timely feedbacks and not responding to emails promptly. It was also suggested that coach should be familiar with the culture of the countries of the participants and need to organize zoom meeting for discussion and dialogue.

Below are a few of the comments (Spelling errors corrected and coaches' names replaced with an 'X'):

“Very good, communicating person”

“My coach has been very cooperative, knowledgeable and supportive throughout the course”

“My coach was X and he was the best coach of FP”

“He was tireless, hardworking, patient, motivated and knowledgeable coach. He used to encourage us to succeed. Although the course is over I would like to be in touch with him in order to improve my family planning skills”

“I did not have engagement with my coach individually except once in the group assignment. My coach was not timely in feedbacks or responding to emails. However I received prompt and quick responses from the GFMER Team (HQ)”

“Coaching system is appropriate for the course”

2.6 Effectiveness of Google Group

2.6.1 Respondents’ assessment of effectiveness of Google Group

On average, about two-thirds of the survey participants (63) agreed or strongly agreed to the statements assessing the effectiveness of the Google Group platform. Up to an average of 21 of them neither agreed nor disagreed with the statements whilst 11 of them on average disagreed or strongly disagreed with the statements (Figure 15).

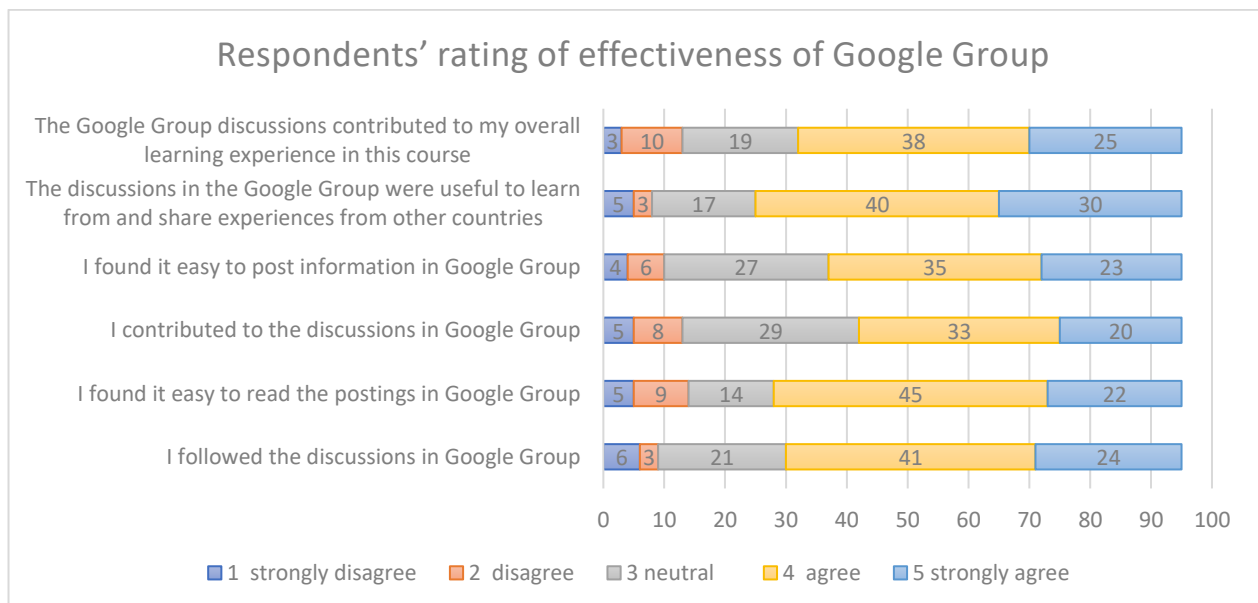


Figure 15: Respondents’ assessment of effectiveness of Google Group

2.6.2 Addition comments on Google Group

This question was optional and a total of 40 survey participants provided additional comments on Google group. Many respondents commented that the Google group is user-friendly and a good platform to share knowledge and experiences and learn the situations in other countries or continents. However, many other respondents complained that they had technical difficulties to use the platform and they did not benefit much from the discussion. A couple of participants remarked that they could not follow the discussion due to time constrains, time zone differences, limitation to access internet, and power interruption. Below are some of the comments (spelling errors corrected):

“Easy to access and read”

“Not really easy to follow”

“Sorry, I am not comfortable / used to Google group chats - so could not get the maximum benefit”

“I found it was a very nice platform and need to be applied all the time and the very exciting part of this training”

“The google group discussion helped to learn across continents and contexts”

“I had difficulty to get google group and I was informed several times but I did not get any”

“Nice means of sharing knowledge and experience”

“Due to the shortage of the work time and limitation access to the internet and no electricity due to the war and conflict in X country we couldn't follow all of discussions”

“WhatsApp group was the easiest way for discussions and convenient”

2.7 Likes and dislikes about the course

2.7.1 One thing participants liked best about the course

Respondents were asked to list one thing that they liked best about the course. What respondents liked best about the course varies but the commonly mentioned were organization of the course, reading resources and references, short assignments, current and up-to-date information, FP methods, MCQ, group work and assignments, right based approach, cooperative and responsive coaches, course organizers, comprehensive modules, webinars, course contents and presentations, family planning frameworks, FP indicators and guidelines, prompt responses to emails and weekly quiz, FP Counselling, its interactive nature, quality and depth of contents, learning video, schedule of the course, availability of learning resources/materials.

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

“Group activity and webinars- Webinars were important - however connectivity issues and not so clear -presenter speech -had impacted our learning. So I propose to include PPT if possible when answering students' questions thru webinars”

“Was well organized with adequate number of training materials, tools and guidelines”

“Group work and assignments”

“The fact that the information was current and up to date”

“Contraceptive rights and choice”

“The course in general was well arranged and useful, thank you for Dr. Raqibat and Fionna and for all leaders of this course”

“Multiple choice assignments. You could put even up to 40 questions. It helped us to understand well and to identify key message of presentations”

“Able to learn evidence-based and updated information about family planning”

“Module two: contraceptive Methods”

“This course is conducted online. However, this course can still be implemented well. This is because the course has been planned in a structured manner by the organizers. Thanks for the great work...”

“Support from my coach”

“It was very interesting especially the interactive learning and the topics”

“All the course materials are imperative for family planning and the course makes me more familiar and confident with the FP topic”

“The vast resources and reference materials”

“What I love was gathering questions that need clarity and explanation from all of us and arranging a clarification platform through webinar”

“Human rights and contraception”

“Excellent updated information with easy one click approach”

“Honestly, all the course modules were fruitful and productive

2.7.2 One thing participants liked the least about the course

About 38% of respondents (36) did not have any dislike about the course; they liked all components, contents and aspects of the course. Many respondents mentioned that one thing they liked least about the course was Google group discussion because it is not easily accessible and work overload to participate in the discussion forum. Other things mentioned as least liked were: time allocated for the course (shortage of time to accomplish all the tasks: reading resource materials, paperwork assignments, group works and assignments and discussions, and webinars), too many reading materials and references, lack of online/virtual interactive session, unavailability of references for short assignments, some topics (such as framework, finance) which are not related to clinical service providers (clinicians), no audio or video presentations, coaching approach, no participants involvement in virtual training (webinars), inadequate involvement of members in group works.

Few of the comments were (spelling errors corrected):

“Duration of the course”

“Difficulty in finding the references related to my country”

“Mismanagement (about answers to certain questions- we never got the right answer key; and last minute inclusion of assignment which upset the overall work schedule)”

“Topics which are not my interest, such as the framework, finance...because I am clinician”

“I need to be involved in the google group discussion, which was not easily accessible as I need a laptop to do so, while I accomplished all course requirements via my mobile phone”

“No audio or video presentations”

“Lack of adequate audiovisual aids/ videos for the lectures”

“Too many reference documents for MCQ assignments”

“Shortage of time”

“Could not attend live webinars due to work schedule (thanks for the recording)”

“A lot of assignments, a lot of mandates, very specific questions in the MCQ part, the webinar's timing and adding a short assignment in the last week”

“Work overload, time management was difficult”

“I find difficulty in finding short assignment references”

“I was engaged with all the topics and I found the course is very helpful”

“Group assignment as it is bit overwork with busy schedule”

“Virtual training lacks participants’ involvement”

“The online real-time interactive training session (not even facilitator and group member for discussion) was not included. The training design is almost one way discussion except webinars”

“Reading materials were bulky”

“I liked all the contents of the course (I mean all in all)”

2.8 Readiness to recommend the course to others

Majority of the survey participants (96%) expressed that they will recommend the course to their colleagues, 3% were however not sure and 1 (1%) participant would not like to recommend the course to others (Figure 16).

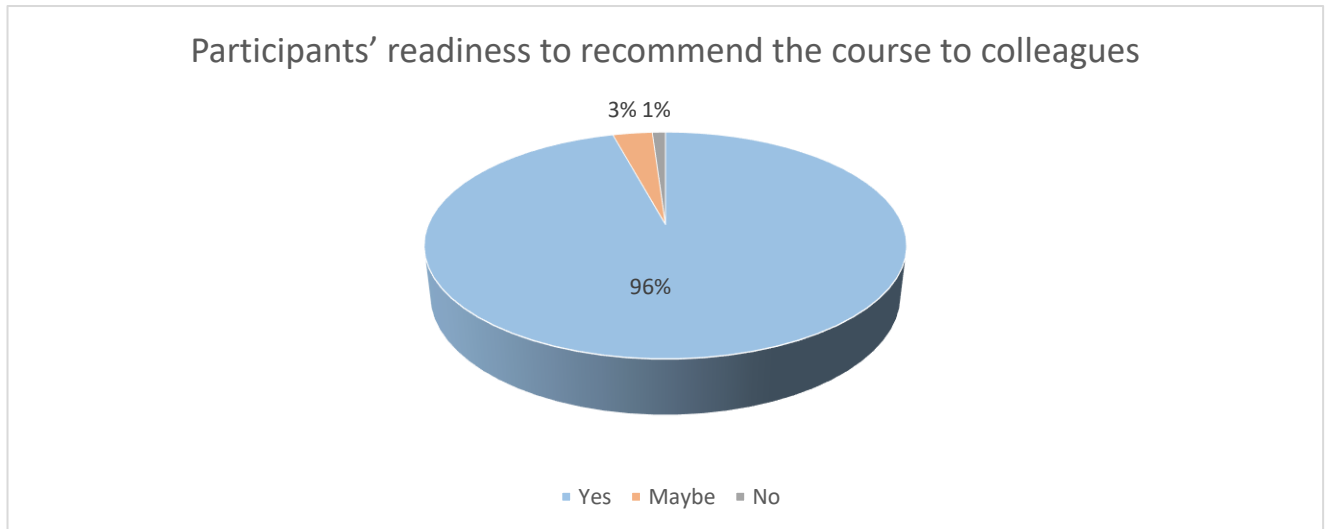


Figure 16: Respondents' readiness to endorse the course

2.9 Study hours per week

One-fifth of survey participants (19) spent less than 6 hours / week reading the course materials and preparing the assignments, about one-fourth (23) of them spent 6 hours / week (the optimal study hours), whilst one-third (31) spent 7-10 hours / week and 17% spent more than 10 hours/ week. The remaining 6% of participants did not know how much hours they spent on the course each week (Figure 17).

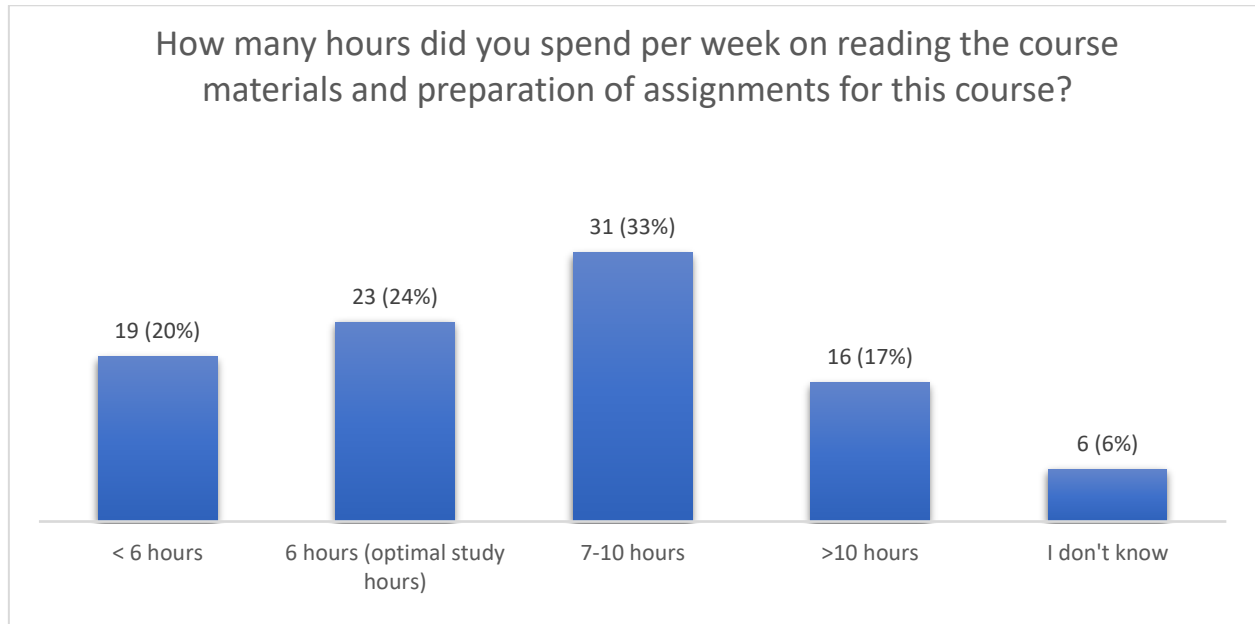


Figure 17: Number of hours spent per week on reading the course materials and preparation of assignments

3.10 Comments / suggestions from participants to help improve the course

Lastly, survey participants were asked to provide any comment or suggestion for course improvement. Many of the respondents suggested that the course is complete/comprehensive

and to keep it as it is, while many others provided different comments and recommendation on how to make the course more productive: more Zoom meeting/webinars, interactive presentation/online sessions with author of the presentations, improve the PPT format (slide presentation), include clinical aspects of FP, familiarize google group platform to the participants, include practical session, automate MCQ responses, improve the structure and flow of the course, include audio or video presentations, adjust the course duration based on the contents, create WhatsApp group for each country, more focus for Telemedicine, include more research findings, use better discussion platform as Google group is not user-friendly, organize live interactive session online during weekends, reduce the number (bulk) of reading materials/resources, organize FP practical sessions in the health facilities, improve group assignment approach to enhance participation of all group members, minimize the number of assignments, use easily understandable language for MCQ, organize refresher course in the future, involve participants from the most populous countries of the world.

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

“Course module was well designed for large number of participants of different countries”

“Improve the PPT format and Web site with more interactive elements”

“Could it be possible that the author of the presentations would do it as in an audience by commenting on the slides and not by reading them for us? It would make the yard more alive. Then allow to ask questions and receive answers then through a system which will allow everyone to consult all the questions asked and the answers given. Thanks a lot for the course”

“Majority of Course participants should be from the most populous countries of the world”

“Automate MCQ responses and videos for the lectures”

“No comments everything thing was excellent. And thank you so much for organizing such a good and informative course, got many new ideas about Family planning. Thank you so much and have a nice day”

“The structure and flow of the course needs to be re-worked upon. Also, the involvement of the coaches need to increase”

“Need audio or video presentations”

“Time of the course be longer and be adjusted based on the contents of the course”

“Good communication between the course organizing team, coach and also course participants may be done by creating WhatsApp groups per country in addition to the google group. Thank You”

“I found that such on the job courses are very important to improve service and management quality and needs to be accessed to large majority of FP service providers and managers”

“Since the scope is wide and the trainee are from various levels of educational status and different fields it would have been good if the course period is a bit extended for maximum benefit”

“Some interaction with resource person or recorded presentations would be more helpful”

“The course is already comprehensive and no particular comments”

“The course is very interesting but most of the participants are quite busy with their own jobs. It would be better to organize live interactive training session online during weekends”

“Since many of the participants are busy with other assignments/works, it was difficult to cover all reading materials within a given time and do the assignments accordingly. So, I think it was better if you minimize it”

“More practice in FP implementation in facility level and community level. How to manage supplies chains and distribution mechanism”

“Improve the group assignment arrangement/ approach to enable effective participation among the participants”

“The MCQ questions look like a language question, please make it easier to understand”

“I would like to express my heartfelt thanks for giving me this opportunity to learning in this fruitful course”

Discussion

Though the response rate for this evaluation survey was low (34%), the feedbacks from our participants were found to be very helpful to improve the approach and contents for the upcoming courses. We can assume that the respondents are a fair representation of enrolled participants as the age and professional distributions of respondents and enrolled participants are almost similar. In addition, all of survey participants were from Asia and Africa, where the majority of WHO family planning accelerator countries are located. These justify that the survey participants adequately represented the target countries and hence the evaluation reflects the opinions of audience for the course.

Course evaluation results revealed that majority of the survey participants (96%) rated the course excellent or good, which shows very high satisfaction of course participants. For curiosity, responses to other questions were reviewed for four participants who rated the course as fair, and we found that except for one participant their comments were very positive for course objectives and structure. Most of the respondents agreed that the course was well organized with clear objectives, content was adequate with the learning resources well presented, individual and group assignments were relevant and facilitated their learning, the assignment guides were helpful and that they will apply the knowledge gained from the course in their respective localities. However, we strongly feel that the two participants who gave ratings "1 strongly disagree" in all questions may have misunderstood that rate 1 represents positive response (excellent/good). We checked their responses for optional additional comments on the course structure and these were very encouraging: “The learning resources was very clear and helpful, and overall the course content was excellent”. Many respondents were of the opinion that the course was well-structured with adequate reading materials and helpful to improve and update FP knowledge. Some participants commented that there was time constraints to accomplish all the course tasks and routine jobs at the same time. A few respondents were of the opinion that the learning process could be more facilitated if videos

were used to supplement power point presentations and some others emphasized to include video presentations related to counselling session and FP procedures.

Larger proportion of respondents were also mostly of the opinion that the course topics were relevant to their family planning practice. However, a couple of respondents felt that all of the topics were not of relevance to them. We reviewed the trend of responses for these two participants and we found that they were the same participants who strongly disagreed on the course structure. We also checked their responses for additional comments on course topic and one remarked that the course topics are “nice” and the other participant did not provide comment. As noted above, we think that these two participants may have misunderstood the instructions provided for rating. Family planning counselling, adolescent contraception and improving FP services in protracted COVID-19 pandemic and armed conflicts are the commonly mentioned topics that participants would like to include in the future FP course. We noted that FP counselling was already one of the topics in the course but participants suggested detailed account on this topic. Regarding contraception for adolescents, this topic is covered in detail with GFMER ASRH course and participants will be encouraged to join the upcoming adolescent SRH course. As some participants were from countries severely affected by conflicts and current pandemic, they would like emphasis to be given to provision of FP service in these challenging environments. Few participants suggested to include more webinars, live lectures or discussion to strengthen the learning process.

Assigning coaches/mentors to all course participants is one of the main approaches in this course to facilitate the learning process. The coaches, who are mostly from participants’ countries or neighbouring countries, serve as primary contact for course participants and provide feedback on their assignments and technical supports as necessary. Allocation of coach for each participant is very essential as large number of participants join the course and it would be very difficult for GFMER course coordinators to communicate with each of them to provide all the required supports. Ninety-three (98%) respondents rated the overall quality of coaching received 3 or more with more than half of them reported that they were highly satisfied with mentoring support. However, two respondents expressed their dissatisfaction with their coaches. Review of the two participants’ responses to the statements assessing the different aspects of coaching provided by their mentor(s) revealed that they were either neutral or disagreed with the mentoring support, but they did not provide remarks about their dissatisfaction using a question requesting for additional comment. As this was an anonymous survey, we cannot ascertain the concerned coach/ coaches, but GFMER will continue working to strengthen the coaching support as there is always room for improvement. We implemented various strategies for betterment of mentoring supports to our participants, including an orientation session for coaches 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 Zoom meetings with them in addition to interactions via emails, text messages and telephone calls. Moreover, assignment marking guides were sent to them with ongoing communications throughout the course.

Google group discussion is also another approach to facilitate the learning process and enhance interactions of participants among themselves and with their coaches and course coordinators. Majority of respondents suggested the platform is useful to share knowledge and lessons with course participants from various countries and continents however some others complained that it is not easily accessible and they were not benefited by the discussions on the platform. A few participants mentioned time constraints due to their busy schedule and issues related to time zone differences and internet access to follow the discussion. Course

coordinators and coaches provided technical guidance and supports to participants to familiarize them with Google group and solve any problems encountered by some of the participants. It is also important to emphasize that 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. It does not require real-time or live attendance. Nevertheless, the future use of the Google Group discussion platform will be evaluated, and the suitability and pros and cons of alternatives will be assessed for an informed decision.

Majority of respondents were happy with organization of the course, reading resources and references, current and up-to-date information on FP, group works and other aspects of the course, and most (96%) of them are ready to recommend the course to their colleagues. However, as previously noted, some participants were not happy with Google group discussion platform, time allocated for the course and lack of online/virtual interactive session. About 44% of respondents spent six hours (the expected study hours per week for the course) or less per week on each module, and half of them spent more than 6 hours. Unlike the previous GFMER courses, the current course of FP included a small group work assignment which required virtual discussions that needed more interactions between participants and may explain why majority of respondents spent more than six hours study time per week.

In general, we received some useful suggestions and recommendations from survey participants which may help us to improve the upcoming courses. Though the responses were mixed, some respondents suggested more interactive presentation/webinars or online sessions with authors of the topics. While virtual discussion platforms may be considered, this is a full online course which is not structured to involve live lectures. In addition, given the different locations of our participants with different time zones as well as the various commitments and challenges faced by all concerned, conducting frequent live lectures or discussions 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 FP/SRH. Poor access to internet network and frequent power interruption in some countries are also major challenges for live sessions. Another suggestion was familiarizing Google group discussion platform to the course participants. As some survey participants reported technical problems to access and use the platform, this suggestion need be discussed with the course coordinators to come up with solutions to improve the competency of participants. One option is to consider the use of WhatsApp groups rather than creating smaller Google groups for the group assignment. There were recommendations to optimize the time duration of the course based on the contents. We though the time constraints might be related to the newly introduced small group work, discussions and assignments which took most of participants' time during the last two weeks of the course. We recommend this should be also reevaluated by course coordinators to make necessary adjustment on time period of the course in relation to the components and weekly tasks. Though most respondents remarked that this modular course was well prepared and organized, some others suggested improvement required on the structure and flow of the course and PPT formats, which could be addressed in the future courses.

Conclusion and recommendation

In conclusion, this anonymous survey is very productive in assessing participants' opinion about the course, satisfaction level and suggestions to improve the quality of the course in the future. We would like to express our appreciation to all the 95 participants who spent their time to take part in this evaluation survey to provide us with this relevant feedback to improve

our courses towards our effort to making a positive difference in FP/SRH, particularly in delivery and quality of family planning service.

This end of course evaluation of the 2021 WHO-GFMER FP course showed that the course objectives were met and participants were happy with the course. There were some pertinent recommendations from participants that could help improve subsequent courses.

Key recommendations based on findings from this report:

- Adjust the time period of the course
- Include live lectures/sessions to make the course more interactive
- Provide technical supports to participants to familiarize them with Google group discussion platform
- Improve the course structure and flow
- Improve the PPT formats and presentation
- Include videos to supplement power point presentations and add video presentations related to counselling session and FP procedures
- Provide more attention for family planning counselling
- Continue working to improve coaching/mentoring support to participants
- Revisit the group work approach and assignment
- Continue updating the course contents/topics based on latest research findings
- Simplify language used for MCQ
- Automate MCQ for prompt feedback to participants
- Continue sharing the recordings and minutes of discussion for participants who missed the webinars