# Program Plan Comprehensive Report

EHRD 642 – Program Development in Adult Education

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**Executive Summary**

Have you ever watched a single drop of water fall into a smooth liquid surface? One drop makes contact and sends a wave of energy through the entire substance. What if that one drop, was not a drop, but rather one empowered individual? And imagine if there were many drops. A steady rain of women empowered to care for themselves and their families, transforming at risk communities to be communities of contribution. The Ripple Effect, in partnership with Halqa Health Circles, is launching Health and Safety Circles for immigrant women in Marseille, France. This program will:

* equip the participants with the knowledge and skills needed to overcome challenges and adapt to their new context,
* provide a network of services and support, and
* retain participants by creating leadership opportunities for them to give back to their community.

We are specifically looking to see an increase of health and safety awareness, communities constructed and empowered, in addition to the formal and informal transmission of knowledge and experience gained through the program. The need is critical. As these women flounder, the repercussions mark generations to come. And yet it is achievable because each week participants will learn specific health and safety skills and knowledge. And each week they will grow in personal and social resilience through the instructional techniques employed.

Our annual budget of $150,000 varies as it responds to the resources and needs of the community. Roughly a quarter of our annual budget comes through investors. We invite you to take part and invest in the transformation of these communities through an annual gift of $10,000. Your donation will enable the success of this critical program.

**Introductory Statement**

The Ripple Effect is a non-profit educational consulting firm that specializes in achieving learning objectives that impact individual participants, participant groups, their families, and their communities. In this program, the Ripple Effect has been hired by Halqa Health Circles to launch Community Health and Safety Circles among North African women immigrants in Marseille, France. We have selected this specific population because we believe that when women are educated and engaged in their communities, they positively affect and influence their families, and in turn, make their communities stronger.  Unfortunately, these influential immigrant women often lack the knowledge, language or confidence needed to help their families thrive in this new context and subsequently are at a heightened risk of being marginalized by the broader society. Halqa Heath Circles (HHC) operates in North African nations with a tri-fold aim to promote health through community storytelling, to empower and dignify underprivileged communities, and to equip local groups to incorporate and pass on these skills. HHC is eager to partner with the Ripple Effect team to launch into this new context in order to see their efforts multiplied and communities transformed.

**Stakeholders**

The program’s success is dependent on an abundant network of subject matter experts and a dynamic support system for the women who participate in the program. We have developed partnerships across all key stakeholders - from Halqa Health Circles, local government authorities, non-profit organizations, and participants at all levels. Ronald Cervero and Arthur Wilson urge planners to anticipate and consider how power relations and dynamics affect all stakeholders (Caffarella & Daffron, 2013). In this program, it is vital that all stakeholders are on the same page and working toward the same goals and objectives to ensure that everyone wins. The Ripple Effect team is continually working to build trust and respect across all stakeholders through open communication and feedback.

The Ripple Effect’s team includes a combination of staff and volunteers. The staff includes a full-time program director, two part-time program coordinators, and a part-time office coordinator. We rely heavily on our volunteer team to support the program in a variety of ways. Facilitators who are experts in specific areas volunteer to present on various health and safety topics throughout the program. Past participants volunteer to facilitate information sessions, share stories with potential participants, and mentor the women who are actively participating in the health and safety circles. Additionally, we have other volunteers who assist in advertising, marketing, and general community outreach and communication.

One of the most important relationships for The Ripple Effect is with Halqa Health Circles who hired us to develop a rich and thorough health and safety program for the immigrant women in Marseille, France. This partnership has provided The Ripple Effect an opportunity to move into a new market and address a vital need for this community. Halqa Health Circles sets clear expectations for their needs and holds our team accountable through program evaluation and quarterly program review.

As mentioned previously, participants play an important role in the success of the program. In order for the program to work, it is vital that the participants actively engage from start to finish and beyond. The women provide feedback, share stories, reflect on their experiences, and implement their learnings at home with their families. Once the program is complete, many participants become mentors and volunteers for The Ripple Effect. Their experiences provide a wealth of information and encouragement for new participants.

In the initial planning of the program, we lean heavily on non-governmental organizations and non-profit support to provide insight on the population and their needs by working directly with them on understanding existing programs and the disparities that need attention. We partner with organizations like Maison Bernadette (*La Maison Bernadette*) and Caritas Internationalis to understand the unique needs of this population and where we can fill gaps between learning, knowing, and doing. Additionally, in order to advance our service mission, we rely on investors and government funding through grant programs. These partners also hold us accountable through budget reviews, program standards, and our annual report.

**Problem and Service Statement**

As North African families are immigrating to Europe, they are finding it difficult to navigate the social systems in their new country due to a lack of knowledge and understanding of basic health and safety principles. A family’s ability to adapt relies heavily on the support they receive at home and in their community. Women play a key role in a family’s capacity to fully integrate into their new communities, so it is imperative that they know, understand, and can apply local health and safety principles.

As families move to a new area, they are challenged to obtain housing, residency documents and authorization to work, enroll children in school, find significant and meaningful work, and learn a foreign language enough to communicate basics, all while managing home life. Additionally, they may experience cultural shock, discrimination, and racism. Most of these families live in low-cost, government subsidized housing and immigrant housing blocks, which may be run down, lack basic safety and security measures, and expose families to illegal ventures like guns, drugs, sex trafficking, etc. While many of our partners including government officials, local non-profit organizations, and Maison Bernadette provide support in these areas; there is a decisive gap in general health and safety training and support.

The Ripple Effect is a training and development firm that creates training in response to needs assessment. In this case, we have developed a program that addresses health and safety training and implements community circle networks that equip immigrant women with the knowledge, tools, and resources to build confidence and empower them to feel welcome, respected, and to successfully care for themselves and their family’s needs in their new country.

**Program Goals and Objectives**

There are three main goals that The Ripple Effect is hoping to accomplish with this program. First, it is crucial to develop a health and safety program for North African women that will prepare them with the knowledge and skills needed to overcome challenges and adapt to their new context. This happens by partnering with local clinics and other similar resources that can offer their services. Halqa Health Circles aids in this area as they already have a network of in-house partners that could help facilitate workshops that are relevant for the group of women this program is targeted for. Health and safety is probably an aspect of life that this population least thinks about, not to mention they probably do not put themselves first due to a variety of reasons which range from tending the home, children, etc. We want to create a nurturing and safe space for participants to come into, as well as learn a little bit along the way.

Our next goal is to provide women a network of services and support. This happens by partnering with local non-profits and the community who can help us reach our demographic as well as provide space and additional resources. Most of these women are new to this country and are unaware of health and safety resources that exist, which is why we feel that creating a space that brings all of these resources together is greatly important. These women are immigrating here for a better life. That includes the opportunity for better health resources and a safe community to immerse oneself. The program innately provides the sense of community by congregating women of similar backgrounds in a space that otherwise might not have been possible. We hope as they build community, they are gaining a support system that will be there for them for years to come.

Lastly, the program seeks to retain participants by creating leadership opportunities for them to give back to their community. We want these women to feel empowered and connected to the program that they want to come back and stay engaged in some capacity. We are very excited to provide mentorship and leadership opportunities for them that they can start exploring as group participants and eventually in the upcoming group. The influence peers have on each other is of immense value and really want to use this opportunity to create something special.

**Program Instruction**

In an effort to have the program instruction be of greatest value to the participants and their community, the Ripple Effect team has primarily utilized a collaborative approach to develop the program’s goals and objectives (Caffarella & Daffron, 2013). This approach requires the RE team to work closely with all of its stakeholders to ensure that both spoken and unspoken objectives are appropriately handled. The RE team sees a need for an *increasingly* collaborative model that allows the program to learn and adjust as it progresses. This is important for keeping in active touch with the community of participants, the significant felt needs or struggles they face, as well as keeping in touch with the resources and perspectives of other stakeholders. One way this increasingly collaborative approach is achieved is through the active incorporation of past participants in the health and safety circles. Another way is through creating a learning environment that favors the participants' comfort and allows them to directly and indirectly influence the outcomes. This is done in practical aspects as RE respects the most convenient day and time to meet as well as cultural dynamics of how seating is arranged, what languages are spoken, and how respect is shown. The weekly health and safety circles program runs over the course of twelve weeks with the Ripple Effect facilitators bringing past participants into the teaching space in order to solidify their learning, but more so create a learning space that is as near as possible to the participants. Interaction is encouraged as the group moves together in learning each week’s health and safety principle. The facilitators use stories, role-plays, participative teaching, group activities, and practice to aid each participant to not only be present but to be active in the learning. One of the most rewarding parts of each lesson is at the beginning when each participant is invited to share about how her application of the previous week’s lesson was actualized. The group celebrates, encourages, laughs and learns together. As the participants are gaining specific skills there are also unquantifiable gains for their confidence and their courage.

**Transfer of Learning Plan**

“Planning the learning transfer is a critical part of the planning process” (p.214) and we at the Ripple Effect focus much attention on the seven intertwining factors identified by Daffron & North as essential for the transfer process to occur impacting our participants, their families and communities. Our transfer strategies include three interwoven yet distinct initiatives. Firstly, we will create clear and comfortable learning environments and expectations. This transfer strategy pays particular attention to three of the seven the factors of: learning context, eliminating barriers and design & delivery methods. Secondarily, we will invest in a follow up routine that will be implemented incrementally throughout the duration of the program with each week’s at home lesson application as well as post program evaluation and community circles. This strategy focuses on the factors of immediate application and workplace environment, though in this case, “workplace” is often synonymous with home. Finally, we will be vigilant in our people resources making sure the respectful, empowering attitude is central for all who take part from planners to participants. This strategy focuses on planning process and learner motivation & characteristics as well as revisiting learning context and eliminating barriers.

Within these three stated transfer strategies we have covered each of the necessary elements to create the ever expanding ripple effect of change that we are seeking through this program. Though there are specific ways our transfer of learning strategies and techniques influence and inform our planners, facilitators and other stakeholders. In the following section we will focus on the ways these techniques and strategies will impact our participants. Clear and comfortable learning environments and expectations will be actualized through potential participants hearing and understanding the objectives of the program in a way that engenders curiosity and desire. Current participants will feel at ease each week in the space the lessons are conducted as well as the style. After the program, participants will give feedback on what context was most valuable as well as suggestions for improvement. Our follow up routine ensures that potential participants are aware of the application aspects involved from the outset, and that the program is more like a series of community learning workshops than informational seminars. Active participants know at the close of each lesson what she is intended to do that week to demonstrate her learning. She also has a partner she can ask for support or help.

At the end of the 12 week program participants eagerly join community circles and expect the post-program follow up. Our respectful and empowering attitude assists potential participants to feel respected, sought out and involved in critical access (i.e. day, time, topic). During the program degrading self-talk or insulting speech is not tolerated. At the close of the program, all the participants expect more of themselves and can achieve more too. These transfer strategies will be played out through group technique of networking in which we engage with narratives, storytelling and participative activities. Individual techniques will complement the group elements through personal application and action plans within the context of community support and accountability. These strategies and techniques will not only allow us to ensure successful learning transfer, but also increase our likelihood of achieving our program goals and objectives through careful thought, monitoring of process and incorporating feedback.

**Program Evaluation Plan**

The community health and safety circle initiative is important to Halqa Health Circles, our funding, and the community. Halqa Health Circles has signed a formal agreement in support of planned program evaluation. The Ripple Effect’s program director, along with program facilitators have developed evaluation forms that are both quantitative and qualitative in nature to understand how mentors, participants, and program volunteers feel about their experience. The purpose of these evaluations is to encourage and monitor the personal growth and development of each participant and identify areas of the curriculum that need to be further developed to support cultural, content, and learning transfer goals and objectives.

The program evaluation plan looks to answer questions about participant learning,

program content, and individual, family, and community impact. Throughout the evaluation process, we strive to answer the following questions:

1. Was there an effective change in health and safety knowledge, skills, and capabilities for program participants?
2. Were participants able to apply their learnings to personal, family, and work settings?
3. How long were changes maintained and were participants capable of becoming mentors to new participants?
4. What can The Ripple Effect do differently to improve community circles to maintain or increase funding and participation?

These questions are answered through a variety of evaluation methods throughout the development process, implementation, training, and post program to understand transfer of learning and overall program impact. We are using pre- and post-program surveys (see Appendix A for examples of participant and volunteer surveys) to provide data needed to determine where participants are before the program begins and where they are after they have completed it. Observations are being collected by the director through participation in training and meeting with participants and out in the community. Focus groups and interviews will be used to collect more formal qualitative data that will focus on the experiences and the needs of the participants. The facilitator will pose questions and only intervene when necessary to create comfort and build confidence.

Our goal is that participants will demonstrate an 80% or higher understanding of local health and safety practices and be able to implement them for themselves and their family members. Additionally, 70% of our participants will actively participate in local community circles (support groups) upon completion of the program with 35% of the participants volunteering for future programs or as mentors. To create our baseline, we will survey participants to understand what they already know and what they are hoping to learn. Due to varied literacy levels, surveys may be written or conducted as verbal interviews. We will conduct evaluation of each training topic and a comprehensive program evaluation. The data will be organized to identify overall successes and understand lessons that have poor or ineffective application.

The Ripple Effect has committed $2,500 to on-going evaluation of the program. The bulk of the budget is reserved for outside consultation. The evaluation committee, in partnership with Halqa Health Circles, and consultant oversight, will make judgements about the value and worth of the program through quarterly review sessions. The committee will present recommendations for improvement and program changes to the program director. Program directors with The Ripple Effect and Halqa Health Circles will review judgements and recommendations to determine appropriate action plans and ensure timely implementation and follow-up.

**Administration Plan**

The Ripple Effect is a small team composed of one full-time director and two part-time program coordinators and one office coordinator, who is not involved in the program planning process. For the Community Health and Safety Circles program to be executed as flawlessly as possible, it was essential to work closely with Halqa Health Circles, who have a great amount of experience working with this population. This partnership was crucial because The Ripple Effect specializes in facilitating programming through storytelling, our predominant teaching method for us, and a teaching method that Halqa Health Circles valued and saw a need for it to be executed here. Both resources were able to complement each other well, which allowed us to avoid repeating our efforts in programming. We are most excited to provide an abundant amount of facilitators and partners that we have in the health and safety space. Halqa Health Circles had some of this too, but mostly in-house. Our outside partners serve as additional facilitators who are experienced in a variety of topics that range from the importance of immunizations, nutrition, physical fitness, etc.

The duration of each program will be three months, with two months beforehand used for marketing purposes. The two months prior will also allow for the opportunity to finish sorting out logistics regarding curriculum, presenters, etc. Since there will be four three-month programs throughout the year, some tasks from the past cohort will overlap with the incoming cohort.

|  |  |  |
| --- | --- | --- |
| **Month** | **Task** | **People** |
| **March** | * Train volunteers-TRE Director and Program Coordinators * Create marketing materials (printer flyers, promo videos, testimonials, etc)-PCs, and Volunteers * Post marketing materials in locations * Table at specific locations-Volunteers | TRE Director, Program Coordinators, Volunteers |
| **April** | * Finalize content-HHQ Director and Ripple Effect * Create and finalize pre and post evaluations, facilitator evals, etc.-HHC Director and Ripple Effect * Finalize list of external facilitators-HHC Director and Ripple Effect * Strengthen in person marketing-Volunteers * Pair off committed participants with a mentor who will keep up with them informally until program starts-Program Coordinators, Volunteers * Host information sessions-Program Coordinators, Volunteers | TRE Director, HHC Director, TRE Program Coordinators, Volunteers |
| **May** | * Orientation/Program starts-HHC Director and the Ripple Effect team * Breakoff participants into small groups- TRE Program Coordinators * Evaluations are given out after each facilitator meetings-TRE Program Coordinators * Meet bi-weekly to discuss potential program improvements- HHC Director, TRE Program Coordinator, The Ripple Effect Director | HHC Director, TRE Director, TRE Program Coordinators, Volunteers, Facilitators |
| **June** | * Evaluations are given out after each facilitator meetings-Volunteers * Meet bi-weekly to discuss potential program improvements- TRE Director, TRE Program Coordinator, HHC Director * Start reaching out to potential participants interested in coming back as volunteers for the next cohort. | HHC Director, TRE Director, TRE Program Coordinators, Volunteers, Facilitators |
| **July** | * End of program evaluations-TRE Program Coordinators * End of program meeting to discuss potential program improvements- HHC Director, TRE Program Coordinators, The Ripple Effect Director * End of program banquet-TRE Program Coordinators and Volunteers * Start prepping for next cohort (program, marketing)- TRE Director, TRE Program Coordinators, HHC Director, * Evaluate data, prepare for other stakeholders, grants, etc.-HHC Director, TRE Director, TRE Program Coordinators * Volunteer training-Program Coordinators | HHC Director, Ripple Effect Director, TRE Program Coordinators, Volunteers, Facilitators |

**Program Budget**

The Ripple Effect is a non-profit organization and, as such, operates with a zero-based budget following the calendar year (Caffarella & Daffron, 2013). All expenses and income are reviewed annually and adjusted accordingly to ensure that we provide the most support to participants while remaining accountable to our donors and sponsors. We also provide an annual financial report with all required documentation to the businesses, foundations, special interest groups, and local government for funding and grants that are received. This report outlines the budget, how the funds were used, and how the company addressed any overages or shortages in spending.

Due to abundant partnerships and mutually beneficial relationships, The Ripple Effect is able to minimize expenses and maintain a low program budget through in-kind donations and grants. The team offices out of Association Maison Bernadette which supports youth in the local community and provides afterschool and summer programs. During the day, when children are in school, The Ripple Effect uses the meeting space and kitchen facilities to host the community circle training and social events. This allows us to minimize facility and business costs and equipment / supply costs are minor expenditures for the program. Additional events are hosted in local churches, other area non-profit organizations, and parks.

The annual budget for The Ripple Effect program’s first year totals $151,500 (see Appendix K) , which includes $5,700 in equipment and technical start-up costs. The majority of expenses are used to pay personnel; including, the full-time Program Director ($55,000/year), two part-time instructors/facilitators ($25,000/year each), and a part-time office assistant ($18,000/year). There are a few fringe benefits ($8,000) for the team that includes health insurance subsidization, professional development, and commuter benefits. The expenses include participant materials and communication ($5,500), reception and activities ($5,500), office supplies and outside services ($2,800), program evaluation consultation ($2,500), and participant scholarships ($1,000).

The Ripple Effect was hired by Halqa Health Circles which provided a $30,000 program subsidy for the community circle program. The remaining funding (see Appendix K) comes from donations and sponsorships (27%), grants (25%), and government funding (26%). The remaining 2% of program funding comes directly from the participants. We want to keep participation affordable so that all who want to participate may do so, while still creating a cadence of accountability for participants. In this sense, participants will pay a nominal fee of $50 with a $20 deposit and three installment payments of $10 each spread throughout the program. With an anticipated 60 participants per year, we expect about $3,000 to come directly from the program.

At this time, the budget for 2021 is fully aligned. With our zero-based budget approach we are able to flex annually based on the community and program needs. Any further donations or sponsorships will allow us to expand the program and support additional participants. The women have also shared that they would love to sell their handmade goods (clothing, pottery, etc.) to help further The Ripple Effect’s mission. In the event that we lose funding, we are prepared to adjust program costs to minimally affect our clients and program. We may also host additional fundraisers throughout the year based on community needs.

**Program Marketing and Promotional Plan**

Our marketing plan consists of a combination of physical and electronic advertising in order to reach our desired population. Our physical advertisement will be geared towards our targeted population specifically, with postings of flyers in neighborhoods, grocery stores, community centers, clinics or other locations where we may see our population congregate. We will also have tabling booths where we would have volunteers, composed of former participants, talk about the program and their experiences. This method will allow for the interested participants to build rapport and have the opportunity to ask questions before committing to the program.

Electronic marketing will focus on targeting resources our target population may access. Some of the resources we have in mind are community centers, local clinics, consulates, and non-profit organizations that interact with our demographic. This gives us another opportunity and avenue to reach our demographic through resources they trust. This method also alleviates costs on our end when it comes to printed materials. Digital marketing will be composed of listservs, email blasts, and social media that will go out to the respective parties on a schedule to not overwhelm them with so many notifications from us. Digital marketing will include our flyer with the registration form, written testimonials as well as recorded interviews.

Both of these methods will start two months before the program starts. Starting at this time will allow for traction to increase as well as provide the opportunity for The Ripple Effect to host informational sessions for women to learn more about our program. One month before, marketing will be more prevalent in physical settings. For women that are already registered by this time, we will stay in contact with them via phone and by connecting with a former participant coming back as a mentor. Marketing materials will be created in house by The Ripple Effect staff who are experienced in creating digital content.

**Summary**

Our participants positively affect and influence their families, and in turn, make their communities stronger as they complete the health and safety circles launched by The Ripple Effect in Marseille, France. TRE is a non-profit organization that ensures a resounding impact as it is founded on the strong support of our stakeholders. Our goals and objectives have both long term and short range benefits for the participants and the community. These priorities and learning objectives are developed and revised to ensure the program is matching the challenging needs of the participants. This intentionality combined with our engaging lesson facilitation means that participants grow in knowledge and skills each week. We can be confident of this success due to an unintimidating, yet informative evaluation process that gives feedback at every level. The Ripple Effect team excels in actualizing their own roles while also supporting a large team of volunteers. This volunteer team allows for past participants and other community members to give back to the program while keeping TRE’s budget lean and flexible. Our strategy when it comes to marketing our program is to increase the access and awareness of the program at large, but our best marketing mechanism is the testimonies of our past participants. The need being addressed by this program is critical. Thanks to The Ripple Effect team, the plan is clear and the results achievable.

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*NOTE: All photography used in this project is the personal property of Angie McCormick and has not been published elsewhere.*

**Appendix A: Program Evaluation Forms**

The Ripple Effect in Partnership with Halqa Health Circles

**Participant Evaluation Form**

March – July 2021

*Thank you for participating in Community Health and Safety Circles with The Ripple Effect! Please take a few minutes to complete this survey and let us know about your experience. Your input is very important to us and will help us provide a quality experience for all future participants in the program.*

**Learning Objectives**

*How well were the following objectives met? Please circle the appropriate number for each.*

**1.** **The program delivered valuable health and safety information. .**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**2.** **The program allowed for application and practice of health and safety skills.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**3.** **The program provided a strong social network for support after the program.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**4.** **Future leadership opportunities within the program were thoroughly explained and made available.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**Program**

*Please circle the appropriate number for each.*

**5.** **All topics were addressed completely.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**6.** **The content was relative and applicable to my situation.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**7.** **There were opportunities for questions and discussion.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**8.** **What changes do you intend to make in your practice as a result of the program?**

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**8.** **In what ways has the program impacted your family and community?**

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**9.** **What can we do to improve the program?**

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**10.** **What topics for future programs or information would be of greatest interest to you?**

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**Presenters / Mentors / Other Volunteers**

*Please circle the appropriate number for each.*

**11.** **Presenters communicated clearly and effectively within the allotted time.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**12.** **Mentors were empathetic and made me feel welcome.**

1 = Poor 2 = Fair 3 = Good 4 = Very Good 5 = Excellent

**13.** **I recommend the following speaker(s) for future programs:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other comments about the program and my experience.**

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**Name of Participant** (Optional – Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Ripple Effect in Partnership with Halqa Health Circles

**Mentor / Volunteer Program Evaluation Form**

March – July 2021

Thank you for volunteering with The Ripple Effect! Please take a few minutes to complete this survey and let us know about your volunteer experience. Your input is very important to us and will help us provide a quality experience for all of our volunteers and participants.

**1.** **How well were your mentor / volunteer position and responsibilities explained to you?**

\_\_\_ Fully Explained \_\_\_ Explained

\_\_\_ Partially Explained \_\_\_ Not Explained

**2.** **How well did our mentor / volunteer training prepare you to meet the responsibilities of your position?**

\_\_\_Very Adequately \_\_\_ Adequately

\_\_\_ Fairly Adequately \_\_\_ Not adequately

**3.** **How well do you feel you have been able to fulfill your mentor / volunteer responsibilities?**

\_\_\_ Fully Fulfilled \_\_\_Adequately Fulfilled

\_\_\_ Partially Fulfilled \_\_\_ Not at All Fulfilled

**4.** **Do you feel our mentor / volunteer program was well organized?**

\_\_\_ Very Organized \_\_\_ Organized

\_\_\_ Fairly Organized \_\_\_ Not at All Organized

**5.** **Do you find The Ripple Effect team approachable?**

\_\_\_ Very Approachable \_\_\_ Approachable

\_\_\_ Somewhat Approachable \_\_\_ Not at All Approachable

**6.** **Do you feel supported by The Ripple Effect team?**

\_\_\_ Very supported \_\_\_ Supported

\_\_\_ Somewhat Supported \_\_\_ Not at All Supported

**7.** **Do you feel you were provided adequate resources to accomplish your mentor / volunteer responsibilities?**

\_\_\_ Very Adequate \_\_\_ Adequate

\_\_\_ Somehow Adequate \_\_\_ Not at All Adequate

8. **Would you recommend that your friends or current program participants volunteer with The Ripple Effect?** \_\_\_ Yes \_\_\_ No

If no, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**9.** **Overall, how satisfied are you with your mentor / volunteer experience?**

\_\_\_ Very Satisfied \_\_\_ Satisfied

\_\_\_ Somewhat Satisfied \_\_\_ Not at All Satisfied

**10.** **What could we improve to make your mentor / volunteer experience more enjoyable?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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11. **What do you enjoy most about volunteering with The Ripple Effect?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Mentor / Volunteer** (Optional – Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix B: Job Descriptions & Specifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Role** | **Job Description** | **Internal/**  **External** | **Paid/**  **Volunteer** |
| **Community Health Circles Director** | * Plan, organize, and oversee planning and execution for operations and programming. * Oversees budget to facilitate 4 cohorts a year for 60 participants. * Oversees data collection and reports to involved stakeholders. * Manages and provides leadership for a team of two part time programs. coordinators and four volunteers * Oversees inventory. * Oversees and creates evaluation plan * Sources grant opportunities. * Develops fundraising opportunities. * Collaborates and partners with local resources to provide services to HHQ. * Oversees database of contacts and resources. | Internal | Paid |
| **Community Health Circles Program Coordinator (2-part-time)** | Develops and executes program logistics that feed the goals and objectives of the program.Aids in creating evaluation plan/s.  * Oversee volunteers. * Creates training materials for volunteers. * Co-facilitate informational sessions for interested participants * Creates marketing materials for the program (flyers, video testimonials, info sessions). * Creates marketing plan * Ensuring evaluations are turned in * Meet with stakeholders and director to ensure project goals and deadlines are being met.  Produce accurate and timely reporting of program status throughout its life cycle.  * Facilitate programming | Internal | Paid |
| **Community Health Circles Office Coordinator (1-part-time)** | * Collaborate with HHQ team to determine the content of the program * Reach out to facilitators who can teach out various health and safety topics * Co-create evaluation plan with HHQ team * Develop solutions/improvements for following cohorts | External | Paid |
| **Facilitators (2-8)** | * Present to participants about various health and safety topics | External | Volunteer |
| **Volunteers (4-6)** | * Advertise program at local sites * Participate in marketing/promotional materials * Co-facilitate informational sessions for interested participants * Mentor a group of 2-4 participants * Stay in contact with group of participants * Communicate with Program Coordinators about any mishaps, questions, etc. that come up in small groups | Internal | Volunteer |

**Appendix C: Ensuring Support for Education and Training Programs**

In order for this program to be successful, it is vital that the participants actively engage in the program from start to finish and beyond. In the initial planning of the program, we will lean on NGO and non-profit support to provide insight on the population and their needs by working directly with them on understanding existing programs and the gaps that we may fill through our program.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Before the Program** | **During the Program** | **After the Program** |
| **What Current or Past Participants Can Do** | Engage past participants in assessments to gain feedback on the program services & support. Was it beneficial to them? What did they learn? What would they have liked to have when they moved to the community. Past participants (Kabira, Najat, Hyatt, Fatiha, others) can give personal testimonies for the ways the program helped them as publicity and a bridge to the community. Survey current participants for preferences of times and days of the program. | Attend training, participate in activities, provide feedback, encourage other participants.  Previous participants volunteer as peer mentors to provide insight on overcoming challenges. They could assist in facilitating specific topics in the classroom and share their experience to motive current participants. | Participate in network where women provide support to other women. Provide feedback on effectiveness of the program content and structure – what worked, what did not work, and what should be added.  Volunteer to mentor next group of refugees. |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Before the Program** | **During the Program** | **After the Program** |
| **What Supervisors Can Do** | Advise on any needed permissions in order to run the program. Get to know informal community leaders that can assist in recruiting new participants. Supervisors canconduct needs assessment to determine plans for the program and assure clear communication with community stakeholders. | Keep an ear to the community and seek feedback from participants through bulletin boards, community circles, one-on-one conversations and self-reflection activities. Ensure participant and program expectations align. Understand and be able to explain real world application of program. | Create and lead community circle groups to engage those with similar interests and development needs to provide ongoing support.Supervisors can give professional feedback and seek community feedback to debrief and brainstorm on program improvements. |
| **What Mid- and Upper- Level Managers Can Do** | Review and understand any redundancies in training programs across all support organizations to streamline our training programs.Ask clarifying questions. Recruit/invite interested participants. | Debrief with supervisors and use feedback to make necessary adjustments or clarify content throughout program. Develop working action plans based on participant and supervisor feedback to incorporate and implement new ideas. | Managers will send out evaluations to participants and bring data to meetings with stakeholders.Work with NGOs and non-profits to build trust and further relationships within the communities. Continue to voice thoughts and ideas for changes or new initiatives. |

**Appendix D: Identifying Sources of Ideas and Needs for Education and Training Program**

**Sources of Needs & Ideas**

1. People
   1. Specific women like Nasira, Fatiha, Djidjiga, Warda, and others are finding difficulty in navigating a more formal health system in France in comparison to their home countries.
   2. Recent immigrants from North Africa are vocal about not understanding and having never been taught basic health principles and this lack of knowledge is inhibiting them in accessing resources as well as raising their family.
   3. Successfully integrated immigrants that can provide mentoring and support.
   4. Many of these women lack the knowledge and life skills needed to assimilate; from personal care and employment experience, to basic health and family wellness. These women need access to education and support resources in order to enhance their self-worth and take care of their families.
   5. General community members, linguistic and cultural partners who could help us translate content, former participants
2. Responsibilities and tasks of adult life
   1. Adapt to new culture and home and provide support to family members as they do the same: including learning the local language enough to communicate basics, finding work, and managing their home.
   2. These women are mostly married women who have children and are busy tending the home. Responsibilities of enrolling kids in school and the demands involved with the school system.
   3. Balancing the cultural and linguistic adjustment to a new country is demanding.
   4. Those who have arrived in France without legal residency have the additional struggle finding work and providing for their families.
3. Communities and society
   1. Many refugees live in low-cost, government subsidized housing, which may be run down, lack safety and security measures, and expose families to illegal ventures – guns, drugs, sex trafficking, etc.
   2. Local Catholic Charities and Caritas Internationalis provide many resources and support for refugees. We will partner with them to provide additional education and resources.
   3. Racism and religious discrimination add to the marginalization and struggle to provide and healthy and helpful environment to raise their children.

**Using vs Not Using**

1. Sources you did use/are using
   1. We are partnering with local immigrants to help provide support through mentoring and community circle groups.
   2. We are working with local government, NGO, and non-profit organizations to provide guidance and potential translation services.
   3. Training content will address needs and ideas found through observations, interviews, social indicators, and information from existing people and programs.
   4. We are using the sources of people and responsibilities and tasks of adult life to shape our program.
2. Sources you did use/are not choosing to use at this time, and why not
   1. Nothing at this time; this could change based on the outcome of our planning.
   2. Though we are directly addressing the Communities and Society source, our goal is that it will be influenced as a by-product of the program.

**Appendix E: Developing Program Goals**

**Goal Statement One:**

Develop a culturally relevant health and safety training program that provides appropriate awareness and knowledge of local health and safety measures. Additionally, the program will deliver the tools to build confidence and empower women to feel welcome, respected, and to care for themselves and their family’s needs in a new country.

**Goal Statement Two:**

To provide a reproducible curriculum, understandable access to services, and social support as these women overcome health and safety disparities to build stronger communities.

**Goal Statement Three:**

Engage program participants in the design and planning of future training programs to ensure they meet the unique needs of the population and develop them as mentors for new refugees entering the program. Goal Statement Three: To assist and involve current and former participants in the planning and production of lessons. To equip local community members to use and pass on information.

**Appendix F: Developing Learning Objectives**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **The Learner …** | **Action Verb** | **… Content** | **Conditions Under Which the Learning is to Be Demonstrated** | **Criteria for Acceptable Performance** |
| The program participants will | distinguish | which social services are in the area and what each offers generally. | during bi-weekly classroom sessions |  |
| The program participants will | Discuss and overcome | their challenges to adapt to new cultural expectations | through community circle meetings with local experts |  |
| Past program participants will | support current participants | by sharing examples of / demonstrating how to incorporate safety and health measures in to their day-to-day lives. | in 1:1 or small group mentoring sessions. |  |
| The program participants will | engage | In the design and planning of future training programs by filling out surveys after each session. | Throughout the program. |  |
| The program participants will | train | To become mentors by learning about resources and storytelling techniques to be able to be able to facilitate some workshops. | Throughout and after the program before a new cohort comes in. |  |
| Community members will | develop | a toolbox of resources from the program so they can share with other women who will benefit. | Throughout the program. |  |
| The program participants will | Practice retelling | the content rich stories and activities | immediately within the lesson | with the assistance of the group. |
| The women | grow | in confidence in their ability to create safety and security for themselves and their family | as they honestly discuss obstacles to achieve this | and create strategies to overcome these challenges. |

**Appendix G: Choosing Strategies and Techniques to Use in Transfer of Learning**

1. Using the same program that you described in Exercise 9.1 describe three or four transfer strategies that you did use or could use for each group listed in the chart below.
   1. Create clear and comfortable learning environments and expectations. (Factors: learning context, eliminating barriers, and design & delivery methods)
   2. We will invest in a robust post-program follow up strategy that will be implemented incrementally during the roll out of the program with each week’s at home lesson application. (Factors: immediate application, workplace environment)
   3. We will be vigilant in our people resources making sure the respectful, empowering attitude is central for those who train, facilitate and volunteer. (Factors: learning context, eliminating barriers, learner motivation and characteristics)

|  |  |  |  |
| --- | --- | --- | --- |
| **People Involved** | **Strategy for before program** | **Strategy for during program** | **Strategy for after program** |
| Program Planners / Director | A. Rigorous objectives for each of the lessons and careful attention to cultural and community needs in preparation and advertisement.  B. develop (alongside the weekly lesson plan) an at home application. Develop a 1,3,6, 12-month post program follow-up  C. focused personal reflection and guided coaching opportunities on personal barriers to empowering and respecting the participants as individuals or as a group | A. The meeting room is designed with maximum cultural comfort cues and engagement for the participants and the anxiety of learning new things is addressed and calmed each week.  B. keep awareness of the weekly application success rates and modify as needed.  C. on-going awareness and cultural learning. | A. compare the learning objectives achieved with learning objectives communicated and planned.  B. implement the 1,3,6,12 month post program follow-up, including integration into “community circles”  C. Gather informal and formal data from participants and their families to ascertain the experience of the participants in the areas of respect and empowerment. |
| Instructors or Facilitators | A. learn the content and the learner’s community as well as possible. Study key aspects of communication within participant community.  B. develop skills of  C. focused personal reflection and guided coaching opportunities on personal barriers to empowering and respecting the participants as individuals or as a group | A. takes the active role in assuaging anxiety in new learners and creating a safe and clear learning environment.  B. assists participants in developing the practical application for the week as well as asking at the start of each following week for stories of success.  C. Explicitly communicate value and belief in their capacity thrive to the participants. | A. uses trusted role to access wide sweeping feedback from participants.  B. encourage engagement in community circles, review the weekly follow-up markers and give personal feedback for the post-program followup  C. writes up stories of empowerment in the lives of the women who participated from vantage point of facilitator. |
| Learners | A. hear and understand the objectives of the program. They are curious and intrigued.  B. learners are aware of the application aspects involved from the outset. More like a series of community learning workshops than informational seminars.  C. the feel respected, sought out and involved in critical access pieces like time, and day as well as valued for topical input. | A. each week learners feel at ease in the space and understand the topic  B. At the close of each lesson each woman knows what she is intended to do that week to demonstrate her learning. She also has a partner she can ask for support or help.  C. degrading self-talk or insulting speech to others is not tolerated | A. learners give feedback on what context was most valuable as well as suggestions for improvement.  B. participants eagerly join community circles and expect the post-program followup  C. learners expect more of themselves and can achieve more too |
| Work Supervisors | A. clearly communicate objectives and give opportunities for questions, input and comment. Pay special attention to any controversial topics (like restructuring a room or conducting the lessons in dialectal Arabic)  B. clarify the duration of commitment to this program including the post-program followup initiative.  C. clearly express the program values of empowerment and respect. | A. have monthly check-ins to give space for communication.  B. give reports of successful application during monthly check-ins  C. report any problem areas | A. invite specific reflection and feedback  B. give comprehensive weekly application report and outline for the post-program followup initiative.  C. invite reflection in this area |
| Mentors / Community Circle Leaders | Determine barriers to learning through conversations with past and potential participants then work to address or remove these barriers. | Use storytelling during community circles to bring learning to life for participants. Provide 1:1 practice for those who need additional support. | Provide follow-up support to learners through coaching and mentoring to ensure knowledge transfer goals are realistic. |
| Past Participants | Provide feedback on program and how classroom learning translated to life practices. | Provide support for new participants and volunteer to share how learnings are incorporated in to the day-to-day of life. | Partner with participants to show how learnings are brought to life outside of the classroom & circles |
| Other Stakeholders | A. clearly communicate objectives and invite partnership on a variety of levels for expertise to advertisement.  B. cast the vision for a transformative initiative with follow-up  C. clearly communicate values of the program | A. keep tabs on community opinion and community leaders  B. observable progress in other associations or social services  C. guard the values | A. encourage continued involvement  B. support “community circles” and the post-program followup initiative with incentives.  C. can give another perspective on the success of adhering to values throughout the program. |

1. For each of the strategies that you listed do one of the following:
   1. For the previous program you planned, indicate whether this strategy worked or did not and why:
      1. *(a)Create clear and comfortable learning environments and expectations. (Factors: learning context, eliminating barriers, and design & delivery methods):* Yes, this strategy worked because anxiety was decreased for the learners. *(b) We will invest in a robust post-program follow up strategy that will be implemented incrementally during the roll out of the program with each week’s at home lesson application. (Factors: immediate application, workplace environment):* Yes, this strategy worked because it pays attention to the long game of transfer and not only the immediate presence of results. It helps to isolate the cause and contributors to why people to change and what causes them to revert. *(c.) We will be vigilant in our people resources making sure the respectful, empowering attitude is central for those who train, facilitate and volunteer. (Factors: learning context, eliminating barriers, learner motivation and characteristics):* Yes, expressly paying attention to attitudes and values attracts the type of people into facilitator roles and have a direct impact on the learners’ experience.
   2. For the program you are currently planning, explain why you chose this strategy.
      1. We chose these strategies because the context and the program is very similar.All of these strategies allowed us to get to our end goal, which is to provide participants, in our case North African women, a general understanding of health education. Debriefing after each session allowed us to make small modifications to improve the following sessions based on student input.We focused on the mentioned strategies because they set a foundation for our program which allowed us to have a plan we could reference when it came to execution.
2. Using Exhibit 9.A outline in the following chart what transfer techniques were or should have been incorporated in a previous program (or will be incorporated into a current program you are planning). Provide a justification for why each technique was or could be useful in enhancing the application process of a current program you are planning.

|  |  |
| --- | --- |
| **Technique** | **Reason for Using** |
| Setting Guidelines for Successful Transfer of Learning | Allows for there to be a common set of markers that indicate learning is being processed. |
| Obtain a Clear Picture of what Learning Needs to be Transferred | Knowing what learning needs to be transferred allows for facilitators to create content specific to the need. |
| Collaborate with Partners | Partnering with other partners allows for the opportunity for learners to be exposed to different teaching methods, etc. |
| Active Learning Techniques | Active learning techniques keep participants engaged which allows for an easier transfer of learning. |
| Providing Feedback | Feedback is useful because it allows us to see what is working and what is not. |
| Set up Networks | Networking with local organizations/communities is bound to bring exposure to our organization. |
| Identify and define learning outcomes to be transferred – what are the key takeaways for participants | In order to best prepare program materials and train facilitators and mentors, there needs to be a clearly define learning goal and expectations for what the learner takes away from the program. |
| Work with director and past participants to determine best instructional methods | Every learner is different. In this case, culture plays a significant role in transfer of learning. It is important for instructors to meet learners where they are so they can provide the best instruction to engage them in learning. |
| Determine barriers to learning through conversations with past and potential participants then work to address or remove these barriers. | There are many different barriers that may exist (physical, mental, emotional, psychological, etc.). Knowing what these are and how to work with and around them can lead to greater learning transfer. |
| Provide feedback to program director, mentors, and participants | Feedback helps us improve – the program, instruction, implementation, and practice. |
| Use storytelling during community circles to bring learning to life for participants. Provide 1:1 practice for those who need additional support. | Storytelling is powerful in painting a picture. Understanding the culture of the participants, storytelling will help provide context and examples of how the learning is used. |
| Actively participate in learnings by completing pre-work, volunteering to role play, and asking questions. | Participants get out what they put in. Participants that are active throughout their learning journey will have a higher transfer rate than those who are more passive. |
| Partner with participants to show how learnings are brought to life outside of the classroom & circles | Taking learning from the classroom to real life can be difficult. Partnering up with someone who has “been there / done that” is a great way to move learning forward. |
| Group techniques- story telling and narratives | Lowers defenses, easy to recall, engages the group |
| Individual & group technique- personal application with group accountability | Reinforces that we are all for each other succeeding, but each of us have personal responsibility |
| Group technique- community circles | Longer term active support community |

**Appendix H: Planning a Systematic Program Evaluation**

1. Using the program situation you described above, apply the element model (see exhibit 10.A) to either analyze the evaluation process you conducted or in developing further the evaluation you are currently planning. Draw on Exhibits 10.4, 10.5, and 10.A (see website) as guides for completing this exercise.

|  |  |
| --- | --- |
| **Elements** | **Your Evaluation Plans** |
| **Secure support for the evaluation effort from those who have a stake in the results of the evaluation.** | The Ripple Effect’s (TRE) partner company, Halqa Health Circles (HHC) has signed a formal agreement in support of planned program evaluation for community health and safety circles. Both the director of Halqa Health Circles and the social service center director will receive preliminary and follow-up memos of the evaluation process and findings. |
| **Identify the individuals to be involved in planning and overseeing the evaluation process. Define precisely the purpose of the evaluation and how the results are to be used.** | Individuals involved include the program director, program managers/coordinators, and facilitators/instructors. The program director and program managers will be responsible for creating the evaluation. Facilitators will disseminate and collect evals. The program director and program manager will consult with others as needed.  The purpose of the evaluation is two-fold (1) to encourage and monitor the personal growth and development of each participant (2) to identify areas of the curriculum that need to change for cultural, content, or transfer reasons. |
| **Specify what is judged and formulate the evaluation questions.** | The evaluation will be judging a combination of factors from: participant learning, program itself, impact on family/community unit.  Was there an effective change in health and safety knowledge, skills, and capabilities for program participants?  Were participants able to apply their learnings to family, personal, and work settings?  How long were changes maintained and were participants capable of becoming mentors to new participants?  What can TRE do differently to improve community circles to maintain or increase funding? |
| **Determine who supplies the needed evidence, or whether some of that evidence is already available.** | Participants supply the evidence by participating in evaluation/s. There was former evidence that was used when presenting the proposal to stakeholders. |
| **Delineate the evaluation plan. Choose the data collection techniques to use when the data will be collected. Or how already available data can be put into usable forms. Indicate the analysis procedures.** | The evaluation plan consists of both qualitative and quantitative evaluation methods. Below is the reasoning for each.  Pre-and Post Surveys: provide data needed to determine where participants are before the program is implemented and where they are after they have gone through it.  Observations: Observations are being collected by directors who participate as incognito characters at various meetings with participants.  Focus Groups: Focus interviews will be used in order to collect more formal qualitative data that will focus on the experiences and the needs of participants. The facilitator will pose questions, only intervening when needed. |
| **Stipulate what criteria to use in making judgments about the program or what process to apply in determining criteria.**  **Determine the specific timeline, budget, and other necessary resources.** | Participants in the program will demonstrate an 80% understanding and implementation of local health and safety practices for themselves and their family members. 70% of participants will actively participate in local community circles upon completion of program with 35% volunteering as mentors to future participants.  Registration surveys are conducted to create a baseline. Each week’s lesson opens will a quick evaluation of the prior weeks lesson and an opportunity to share how the lesson had been applied. The facilitator self-evaluation is done on a monthly basis and her submission for program alterations are given at the close of the program. All of the data from the evaluation teams is organized to identify overall successes as well as specific lessons that have had poor or ineffective application. The budget for evaluations is $2500 to accommodate for the outside consultants. The remainder of the evaluation costs are integrated within the overall program. |
| **Monitor and complete the evaluation, make judgments about the value and worth of the program, and think through ways the evaluation data can be effectively used.** | The evaluation committee, in partnership with HHC oversight, will make judgements about the value and worth of the program and suggest recommendations for improvement through on-going communication with program stakeholders.  Program Directors with TRE and HHC will review judgements and recommendations to determine action steps and ensure follow-up. |

**Appendix I: Determining the Program Format and Staff Members’ Roles**

1. **Identify at least two alternative formats for combinations of format(s) that are or were appropriate for this program, and outline the reasons why you chose them.**

**Alternative One:** The program will follow a cohort based approach since something that we want to cultivate with the group is a sense of community. We feel that by having a closed group we can have more intimate conversations and can foster relationships with everyone easier and faster.

**Alternative Two:** In the case that we could not meet in person, audio and virtual meetings would allow us to replicate in-person programming. During COVID, we all have come to realize that virtual meetings are great ways to interact with people. It comes with its perks and cons.

**Which of these formats would or did you use and why?** A cohort group format is the most ideal in order to help us accomplish our goals and objectives. Although communities can be built virtually as well, nothing beats the in-person experiences.

1. **If one of the objectives of this program is/was to build a learning community, does or did the format(s) you have or had chosen enable the participants and instructional staff members to accomplish the goal? If yes, how does or did that format(s) address building learning communities? If not, what format(s) might be more applicable?**

The formats chosen definitely allow for learning communities to evolve. Building community is at the heart of what we are hoping to accomplish. Workshops and presentations are very interactive so that participants have the opportunity to share with each other. The closed group format, again, allows for the participants to get to know each other and build long lasting relationships. The site of the training is also a very communal setting that allows participants to easily congregate and interact with each other.

The Community Circle concept supports building a learning community by enabling past and present participants to share experiences and learn from each other. The mentors are past participants from the program who found success in transitioning and adapting to their culture and way of life. These informal leaders help participants grow their confidence and find their way after the training programs are complete.

1. **Using the following chart, identify the specific staff members that are or did plan and carry out the program.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Staff Role** | **Specific person or persons who are carrying or will carry out each role** | **Internal or External to the organization** | **Paid of volunteer safe members** |
| **Program planners** | Angie, Suzette, Katie | Internal | Paid |
| **Instructional staff members** | Angie with past participants | Internal and external | Paid (stipend for course) |
| **Program evaluators** | Team from planners mentioned above with additional evaluation consulting firm | Internal and external | paid |
| **Program coordinators or managers** | Halqa Health Circles Director (Angie) | Internal | Paid |
| **Technical support staff members** | The tech support team from partner associations | external | Volunteer within our program, paid within another |

**Appendix J: Selecting Program Facilities**

1. Choose a program you are currently planning or work with someone who is currently planning a program. Using the following checklist, visit at least one possible program facility and evaluate its suitability for the program being planned.

Checklist for Selecting Facilities

**Availability of program dates**

X **1st Choice: Association Masion Bernadette**

X 2nd Choice: Local Church with Classrooms and Gathering Spaces

X 3rd Choice: Local Community Garden & Park

**Locations**

X Good transportation access (plane, car, ground transport): All locations are easily accessible by foot and within ½ - 1 mile from immigrant apartment blocks where participants are living with their families

X Participant appeal: Participants are already familiar with all facilities as they are part of their new communities and resources.

X Safe and secure (lighting, security staff): Good lighting, secure access, and staff on-site

X Ease of parking: Parking available if needed

X Affordable for the program budget and/or for participants: No charge to participants; little to no charge for The Ripple Effect team as trade for services; support of current clients.

**Meeting rooms: General sessions, breakout rooms, social and entertainment areas**

X Size: Adequate meeting space for small and large groups

X Appearance: Warm and welcoming spaces

X Lighting: Well-lit; lighting is adjustable

X Décor: Comfortable

X Furnishings: Formal and informal seating available – classroom set-up possible

X Ventilation, heating, cooling: Heating and cooling

X Sound Projection: Audio Visual resources available

X Electrical Outlets: Plenty of electrical sources

X Wi-Fi connection: Wi-Fi available at no charge

**Support Services**

n/a On-site meals: vending machines and water fountain in facilities

n/a Accommodations: Participants live close by

n/a Restaurants: Participants live close by

n/a Recreation, fitness facilities: Participants live close by; community garden and park

X Phones, Wi-Fi access: Wi-Fi available at no charge

**On-site transportation (frequency, convenience, cost)**

n/a Public: Participants live within walking distance

n/a Private: Participants may drive if they have a vehicle

**Accessibility requirements under Americans with Disabilities Act (ADA)**

X Accessible parking spaces

X Ramps, lifts

X Elevators

n/a Accessible sleeping rooms

X Accessible public restrooms

X Doorway and corridor width for wheelchairs

X Floor surfaces smooth and firm; Community Garden / Park is sidewalk accessible.

n/a Lowered public telephones

X Telecommunications device for deaf, readable signs with large lettering, Braille, or raised symbols

X Sufficient lighting in rooms and corridors

X Emergency warning in multiple delivery methods

**General Factors**

n/a Attractions and entertainment in area: Participants live close by

X Experience in hosting education programs: Participants already attend meetings and programs at these facilities

X Site personnel: Indoor spaces are staffed during normal business hours

X Safety issues: Safety and security measures are in place

X Medical and emergency services

1. Discuss your evaluation with others involved in this program planning process, or other colleagues who are program planners.

Our team, The Ripple Effect, has partnered with Halqa Health Circles (HHC), and local immigration services facilities / programs to ensure that we provide the best learning environment possible for participants.

**Appendix K: Preparing Program Budgets for Estimating Expenses and Income**

**Budget**

|  |  |
| --- | --- |
| **Personnel** | **Expenses** |
| **Program Director** | $55,000 / year |
| **Instructors / Facilitators (2 part-time)** | $50,000  ($25,000/year for each) |
| **Support Staff (1 part-time)** | $18,000 |

|  |  |
| --- | --- |
| **Fringe Benefits** | **Expenses** |
| **Program Director** | $4,000 |
| **Instructors / Facilitators** | $3,000 |
| **Support Staff** | $1,000 |

|  |  |
| --- | --- |
| **Materials** | **Expenses** |
| **Copying** | $1,500 |
| **Design** | $1,000 |
| **Printing** | $1,500 |

|  |  |
| --- | --- |
| **Technical Support** | **Expenses** |
| **Website Costs** | $850 |
| **Internet Fees** | $750 |

|  |  |
| --- | --- |
| **Equipment** | **Expenses** |
| **Computers** | $3,000 |
| **Printers** | $500 |
| **Projectors** | $300 |
| **Screens** | $100 |

|  |  |
| --- | --- |
| **Facilities** | **Expenses** |
| **Meeting Rooms** | Maison Bernadette |
| **Food** | $1,200 |
| **Hospitality** | $1,000 |
| **Receptions** | $1,000 |
| **Special Activities** | $1,000 |

|  |  |
| --- | --- |
| **Supplies, Telephone, Postage** | **Expenses** |
| **Supplies** | $1,500 |
| **Telephone** | $600 |
| **Postage** | $200 |
| **Special Services** (translation, incentives) | $1,000 |

|  |  |
| --- | --- |
| **Miscellaneous** | **Expenses** |
| **Evaluation Consultation** | $2,500 |
| **Scholarships** | $1,000 |

|  |  |
| --- | --- |
| **TOTAL EXPENSES** | **$151,500** |

To cover all or part of these program costs, identify on the following chart what sources of income you will use and estimate how much funding will come from each source (use Exhibit 12.4 for further descriptions of each income source).

|  |  |
| --- | --- |
| **Income Source** | **Amount of Income** |
| **Halqa Health Circles Subsidy** | $30,000 |
| **Sponsorship Funds or Donations** | $40,000 |
| **Participation Fees** (60 per year) | $50.00 each = $3,000 |

|  |  |
| --- | --- |
| **Grants & Contracts** | **Amount of Income** |
| **Maison Bernadette** | Office Space, Meeting Rooms, Kitchen |
| **Women’s Health Grant** | $12,500 |
| **SGE (Social Impact Investment Group)** | $15,000 |
| **Women’s Empowerment Group** | $11,000 |

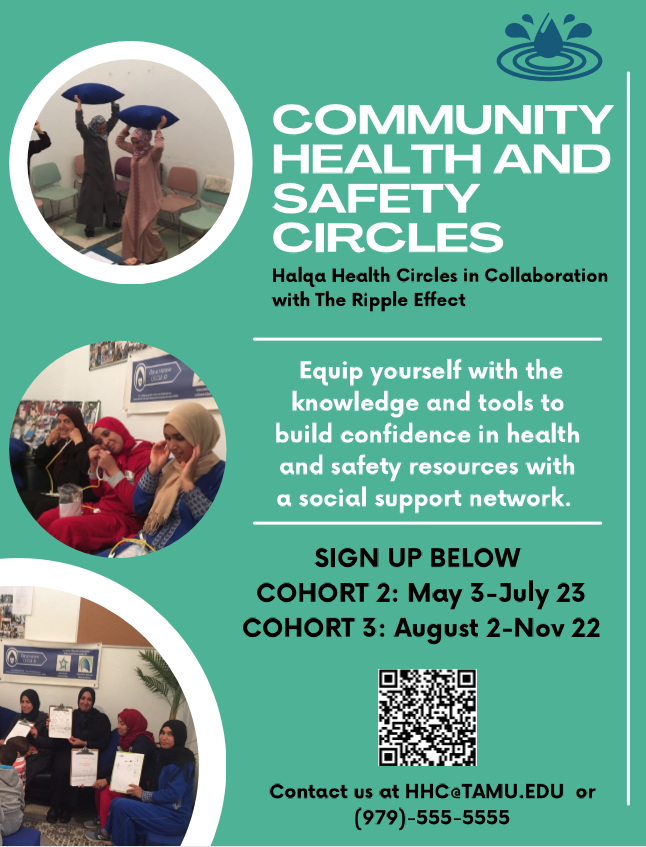
|  |  |
| --- | --- |
| **Government Funds** | **Amount of Income** |
| **la direction générale des étrangers**  **en *France* (DGEF)** | $20,000 |
| **Centre Communal d'Action Sociale (CCAS)** | $20,000 |

|  |  |
| --- | --- |
| **TOTAL INCOME** | **$151,500** |

If your expense and income sources are not in line, describe how you would adjust either one or both in order to achieve your budget objective (for example, breaking even on expenses, earning 10 percent over cost).

We anticipate about 25% - 35% of income to come from donations. Any donations over the annual budget will be used to enhance or expand the program. If we do not receive enough in donations, we will adjust program costs appropriately so that clients are least affected. We may need to host additional fundraisers throughout the year – seeking donations for any receptions. We have also discussed selling goods made by our participants (clothing, pottery, etc.).

**Appendix L: Program Promotional Flyer**

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