

Report on
Effectiveness of
Paracounselors'
Capacity
Development
Training



Research Team

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Key Findings

- After the capacity development training, study participants demonstrated improvements in knowledge (pretest vs. post-test: 9.13 vs. 10.68, $p=.000$, $d=.62$), practices (pretest vs. post-test: 11.91 vs. 13.88, $p=.000$, $d=.60$), and total KAP scores (pretest vs. post-test: 30.5 vs. 34.5, $p=.000$, $d=.81$). Effect sizes indicate the training was moderately effective in improving knowledge and practices, and largely effective in improving total KAP scores.
- Prior to the training, participants' past experience as Paracounselors was positively correlated with their knowledge, practices and total KAP scores. However these correlations were diminished following training. Additionally, correlations were established between practices and education, and experiences.
- Highly educated PCs showed greater progression in practices ($F= 4.71$, $p = .03$, $\eta^2= .04$) than those with lower educational qualifications, after the training. On the other hand, participants who had no/low experience as Paracounselors benefited more than highly experienced PCs in improving their knowledge ($F= 4.6$, $p = .03$, $\eta^2= .04$) and total KAP scores ($F= 5.55$, $p = .02$, $\eta^2= .05$).
- The majority of the participants (91.9%) reported being highly satisfied in regards to the training, with a mean satisfaction of 60.64 ± 4.36 (94.75% of the scale total).
- Almost 90% of the participants' showed good wellbeing at both pre- and post-test. Their depression was negatively correlated with total KAP scores at post-test.

Introduction

The World Health Organization (WHO) declared mental health-related illnesses as a global disease burden, accounting for nearly 20 percent of total global diseases. And it has been predicted that these illnesses may rank first in global disease burden contribution within 2030 (UN, 2015). Acknowledging this pervasive problem, the Mental Health Action Plan (2013-2020) and Universal Health Coverage for Mental Health (2019-2023) initiatives have been developed. Moreover, mental health is included within the 3rd goal of the United Nations Sustainable Development Goals (SDGs), which encompassing ensuring sound mental health and wellbeing of people.

A wide range of research has depicted that certain groups are more vulnerable to mental health problems and poor wellbeing, including people living in humanitarian settings, displaced individuals and refugees, affected by violence, living in fragile financial conditions, and citizens of low and middle-income countries, as well as females and children (WHO, 2019; World Bank, 2020). Therefore, child victims of violence, living in a humanitarian setting in a low- or middle-income country are significantly more susceptible and have a greater likelihood of developing mental health-related illness (Rahman et al, 2021).

Like other low-income countries, Bangladesh suffers from a severe shortage of appropriately trained providers and lacks adequate human resources to provide mental health care (Islam, 2017). Therefore, BRAC IED designed a Paracounselling model to ensure better mental health and wellbeing. This community-based participatory model, provides psychosocial services door to door, especially for women. The Paracounselor model is running through BRAC IED's three-pronged approach, where Paracounselors (PCs) are at the frontlines and are embedded within the heart of the model. A PC is any person who is not a professionally trained counselor, yet is instructed on how to deliver basic psycho-education and individualized psychosocial support to the affected people.

Initially, Paracounselors received a 5-day Basic Para-counsellor training. Later, to sustain and sharpen their skills to a more formal counselling level, a six month long Capacity Development Training Module was designed. This module was then implemented with aims of improving the relationships between the clients and Paracounselors, and ensuring the quality of their services (e.g., Quality of Session, Appropriate referral, Successful Termination, etc.) Considering the rising importance of mental health importance in the mainstream Bangladesh and within Rohingya camps, the BRAC IED Play Leaders (PL) and the Project Assistants (PA) were also included in this Para-Counselor Capacity Development Training program (CDT), anticipating potential by-chance emergencies of mental health support. 'Play Leaders' are the facilitators of a play-based curriculum which is created to promote children's physical, cognitive, language, and social-emotional development.

'Project Assistants' build up the awareness of the community regarding protection and self-care, disseminating different life-skills messages to the people, maintaining record and updating the day-to-day status of the employees and the Centre.

The modules of the CDT consist of a basic foundational understanding about the skill at hand before he/she learns or knows about it (Grounding), learning about the contents of the module (Theory), practice/Role Play and Cognitive Work, and presenting what he/she has learned from the Training (Presentation). Due to the COVID-19 pandemic, the training was provided via virtual platforms. The length of the framework of this Paracounselors' Capacity Development model was established as 6 months with 11 content frameworks for mental health professionals. The 1st month focused on 'Basic Knowledge of Mental Health and Psychosocial Support', the 2nd month is focused on 'Rapport Building', the 3rd month on 'Observation', the 4th month on 'Case Identification', the 5th month on 'Basic Skill Training' that includes Active Listening, Confidentiality and Code of Conduct, Empathy and Reflective Listening and, Nonjudgmental Attitudes and lastly, the 6th month centered around 'Questioning Skills' and 'Assessment and Motivational Interviewing'.

Through training, professionals can hone their required competencies (knowledge, abilities, and skills), and develop their potential (Hana, Pavla, Monika & Gabriela, 2021; Tymoschuk, Ryabinova, Sapova, Oddo, 2019; Bethere, Neimane, Usca, 2016; Liepaja, 2016; Gerds, 2010; Abrahams, Millar, 2008). Along with these competencies, this systematic process changes their working behaviors and increase motivation, reducing the gap between subjective qualifications (the ability to act and use the competencies) and objective qualifications (i.e., education, experiences) and increasing productivity (Hana, Pavla, Monika & Gabriela, 2021; Shahzadi, Javed, Pirzada, Nasreen, & Khanam, 2014; Demerouti & Peeters, 2018; Kijek, Kijek, & Nowak, 2020). Therefore, the present study intended to examine the effectiveness of the training.

Objective

The overall objective of the present study was to examine the effectiveness of Capacity Development Training (CDT) on Paracounselors' skills and competencies. The specific objectives were as follows:

- To investigate the efficacy of the CDT in improving Paracounselors' knowledge, attitude, and practices
- To evaluate Paracounselors' wellbeing and satisfaction toward the training.
- To understand whether Paracounselors' demographic characteristics (age, education, experiences) impacted the training outcomes

Method

Study Design

This present study followed a quantitative pre-post test design to assess the effects of training on Paracounselors' outcomes. The pretest data was collected during the 1st month of the training and posttest data was collected immediately after completion of the training.

Sample Size and Participant

The sample size of the study was 120. Different groups of interdisciplinary professionals who received the training were included in the study, such as Paracounselors, Play Leaders, and Project Assistants (Table 1). Participants were selected randomly from these groups. Among the participants, 80 paracounselors were from camp and the rest were from mainstream including host.

Table 1: Number of participants by their designation

Participants' Designation/Profession	Sample Size
Para-Counselor	80
Play Leader	20
Project Assistant	20
Total	120

Training

Field Research Assistant (FRA) and Supervisors received two days of hands-on training in each respective study phase. Alongside standard theoretical knowledge, data collection, interview techniques, ethics in data collection, tools administration, and data entry, FRAs were trained on telecommunication strategies and building rapport.

The training was conducted using virtual platforms such as Google Meet and Skype. The Interactive Participator method was followed during the training, where participants were affirmed, valued and respected. After discussing the theoretical aspects, participants simulated data collection through Demonstration and Role Play. Then they practiced data collection using the tools provided. Afterward, all the FRAs, Supervisors, and master trainers returned to a large group discussion surrounding their challenges and to discuss any points of confusion. This exercise helped them form more precise ideas and gain confidence on data collection and tool administration. Afterward, they participated in Interobserver Reliability (IO) with a Master Trainer through conference calls.

Data Collection Process and Triangulation

In the present study, data were collected at two points: Pretest and Posttest. Pretests were conducted in October 2020, and Posttests was conducted in April 2021. Five trained Field Research Assistants (FRAs) were involved in data collection in both the study phases. Due to the COVID-19 constraints and situation at the time, it was difficult to visit in-person to conduct the interviews. However, the advanced technology in telecommunications made it possible to conduct interviews successfully. Thus, interviews were adapted and conducted through mobile communication over telephone calls.

Assigned FRAs communicated with the study participants, explained the call and study's purpose, took verbal consent and fixed a data collection schedule. At the scheduled times, each of them called the participants again, built rapport, and then collected the data on the selected tools, maintaining ethical protocols. On average, it took 30 to 45 minutes to complete an interview, and each FRA collected around three pieces of data per day. Sometimes, data collection took two sessions if they did not have enough time to obtain the complete information required from one participant. In some calls, Supervisors or the core research team members were also connected to assure ongoing reliability. In addition, supervisors crosschecked the data and coding to ensure the data quality.

Data Processing and Analysis

All of the data were initially inputted on Google Form was imported into IBM SPSS 20. Then the responses of participants were scored according to the standard scoring systems of the instruments utilized.

Before conducting analysis, normality and assumptions of the statistical tests were checked. Frequencies and mean scores were calculated for the demographic variables. To examine the effectiveness of the intervention, Paired Sample t-testing was conducted. Pearson correlation was used to demonstrate the relationship between outcomes and PCs' characteristics. Additionally, comparisons between groups (i.e., education, experience) were investigated utilizing Repeated Measure ANOVA.

Study Instruments

In the present study, KAP and PHQ-9 were used in both pre-test and post-test, while the Satisfaction questionnaire was only administrated at post-test. The following includes brief description of instruments.

- **KAP for Paracounselor (KAP: PC)**

"KAP:PC" is a structured interview questionnaire assessing Paracounselors' knowledge, attitude, and practices about mental health and psychosocial support to adults and children. The questionnaire is designed in a way such that both qualitative and quantitative data can be collected. This measure consists of 25 items covering mental health, psychosocial support, counseling skill, self-care practices, and child wellbeing & play.

Most of the items' scores are in three-point scales, though a few items are dichotomous. The total score of the measure is calculated by summing each individual items' scores. Higher scores indicate the Paracounselor having a higher level of knowledge, attitude, and practices.

- **Bangla version of Patients Health Questionnaire (PHQ-9)**

PHQ-9 is a 9 items screening tool used for measuring depressive symptoms, which scores each of the nine DSM-IV criteria on a scale from "0" (not at all) to "3" (nearly every day). The total score ranges from 0 to 27, where a score of 10 or above indicates depressive symptoms. A lower total PHQ-9 score represents a lower level of depression.

- **Paracounselors Satisfaction on Training Questionnaire**

This Satisfaction scale is a five points Likert scale, which ranges from full dissatisfied to fully satisfied, intended to assess the Paracounselors overall satisfaction with the training. The questionnaire consists of 15 items covering the content, training length, method, trainers' skills, and support. As the training was facilitated online, the questionnaire also covered the participants' satisfaction with online training.

Limitations

Working in an unanticipated pandemic situation is itself a considerable limitation to conduct any research in-person, but with the help of telecommunication advantages, this limitation can be overcome, to an extent. However, in some areas, such as Cox's Bazar, the mobile network connection tended to be very poor. Due to the poor mobile network connection, sometimes calls were dropped during the interviews, with occasional lapses in connectivity, and sometimes it took multiple sessions to complete an interview. Another limitation was that, however, rather than prior to commencing training, the pretest was conducted during the first month of training. Another limitation was that to understand the effectiveness of the training in increasing participants' knowledge and skills; some aspects such as training quality or trainers' characteristics were not explored.

Findings

The finding shows (Table 2) that all of the Paracounselors were young women. Their ages ranged from 20 to 36 years, with a mean age of 24.24 (SD=3.35). Findings on PC's educational qualifications reveal that all PCs completed at least 10th grade, with some extending to post-graduation (17 years of education). On average, they completed 13.49 years of schooling. Around 54.1% of PC were unmarried, and the rest were married. However, wide arrays of variation were found in their experiences. The table demonstrates that their past Paracounseling experiences range from no previous experiences to 35 months (nearly three years) with a mean of 8.82 months (SD=7.76). Similarly, their working experiences in other positions varied, from zero to 55 months (more than four and half years) while the mean was 16.22 month.

Table 2: Socio-demographic factors of Paracounselors

Variable	Minimum	Maximum	Mean	SD
Age	20	36	24.24	3.35
Education	10	17	13.49	2.15
*Marital status (Unmarried)	54.1%			
Experiences as Paracounselor (in months)	.00	35.00	8.82	7.76
Working experience in other jobs (in months)	.00	55.00	16.22	13.36

*Percentage

Table 3 reports the results for Paracounselors' knowledge, attitudes, and practices (KAP) about psychosocial support. KAP score findings confirm Paracounselors' progression after the capacity development training. The improvements in knowledge, practices, and total KAP were highly significant ($p < .000$), amounting to an effect size (Cohen's d) of 0.62, 0.60, and .81, respectively. These effect sizes indicate the training was moderately effective in improving Paracounselors' knowledge and practices whereas largely effective in improving total KAP. However, their attitude did not increase significantly.

Table 3: Comparison of Paracounselors' pre and post training outcomes

Variable	Pre test	Post test	Mean differences (Posttest- Pretest)	t	p	Effect size Cohen's d
Knowledge	9.13±2.31	10.68±1.72	1.56±2.52	6.52	.000	0.62
Attitude	9.47±1.02	9.6±0.83	0.14±1.3	1.10	.275	0.10
Practices	11.91±2.46	13.88±1.98	1.97±3.31	6.28	.000	0.60
Total KAP	30.5±4.59	34.5±2.77	4±4.98	8.47	.000	0.81

Table 4 reveals that PC age was positively correlated with their attitudes during pretest ($r=.201$). Similarly, their previous Paracounselling experience was positively correlated with their knowledge ($r=.264$), practices ($r=.247$) and total KAP scores during pretest ($r=.299$). On the other hand, among the posttest outcomes, only practices were positively correlated with education ($r=.223$) and working experiences as PC ($r=.272$), and negatively correlated with their other professional experiences ($r=-.217$). As for changes in outcomes after the training, findings show that gain in knowledge is negatively correlated with age ($r=-.201$) and gain in practice was positively correlated with education ($r=.198$) and changes in total KAP was negatively correlated with their experiences as paracounsellor ($r=-.222$).

Table 4: Correlation of PCs' outcome with their socio-demographic factors

Variable	Age	Education	Experience as PC	Other experiences
Pretest				
Knowledge	0.145	-0.014	.264**	-0.027
Attitude	.201*	-0.03	0.153	-0.007
Practices	0.104	-0.088	.247**	-0.179
Total KAP	0.173	-0.061	.299**	-0.111
Posttest				
Knowledge	-0.099	0.103	0.122	-0.068
Attitude	0.002	-0.135	0.003	0.022
Practices	0.01	.223*	.272**	-.217*
Total KAP	-0.037	0.169	0.096	0.03
Gain (Endline-Baseline)				
Knowledge	-.201*	0.084	-0.16	-0.022
Attitude	-0.156	-0.063	-0.118	0.02
Practices	-0.071	.198*	-0.021	0.003
KAP	-0.181	0.15	-.222*	0.119

* $p<.05$, ** $p<.01$

The background factors of Paracounselors, reported in Table 2, indicates the study participants were diverse in terms of their educational levels and experiences. Therefore the study is interested to look at the differences in PCs' achievement and their educational qualification and experiences. Mean scores were considered to divide and categorize PC's education and experiences. For example, the mean score of PC's educational qualification was found to be 13.49 years. Therefore the Paracounselors who completed more than 13 years of education were considered highly educated and those who had completed 13 or fewer years of education were considered as having lower education.

Paracounselors' outcomes in knowledge, attitude, and practices by their educational level are reported in Figure 1 and Table 5 (see Annex Annex). The figure indicates highly educated PC progressed had greater progress than their less educated PC counterparts in knowledge, practices, and total KAP scores. On the other hand, lower educated PCs progressed more than those who were highly educated in their attitudes. However, Repeated Measure ANOVA found no significant differences in knowledge, attitude, practices, or total KAP on the basis of educational status. On the other hand, the testing phase and group interactions confirm that highly educated PCs showed more progression in practices ($F= 4.71, p = .03, \eta^2= .04$) when they got training.



Figure 1: Paracounselors' KAP by education

Figure 2 and Table 6 (see Annex) demonstrate KAP outcomes by PCs previous Paracounseling experience. The table and figure indicate that both highly experienced and low experienced PCs expanded their knowledge, attitude, practices, and Total KAP after the training. However, highly experienced PCs knowledge ($F= 4.2, p = .04, \eta^2= .03$), practices ($F= 10.68, p = .00, \eta^2= .08$), and total KAP ($F= 4.58, p = .03, \eta^2= .00$) were significantly different from the less experienced PCs.

Figure 2 illustrates that the slope of the changes was higher for the PCs with low experience, than highly experience. However, the interaction effects claim the combined effect of training and level of PC experience were significant for knowledge ($F= 4.6, p = .03, \eta^2= .04$) and total KAP ($F= 5.55, p = .02, \eta^2= .05$).

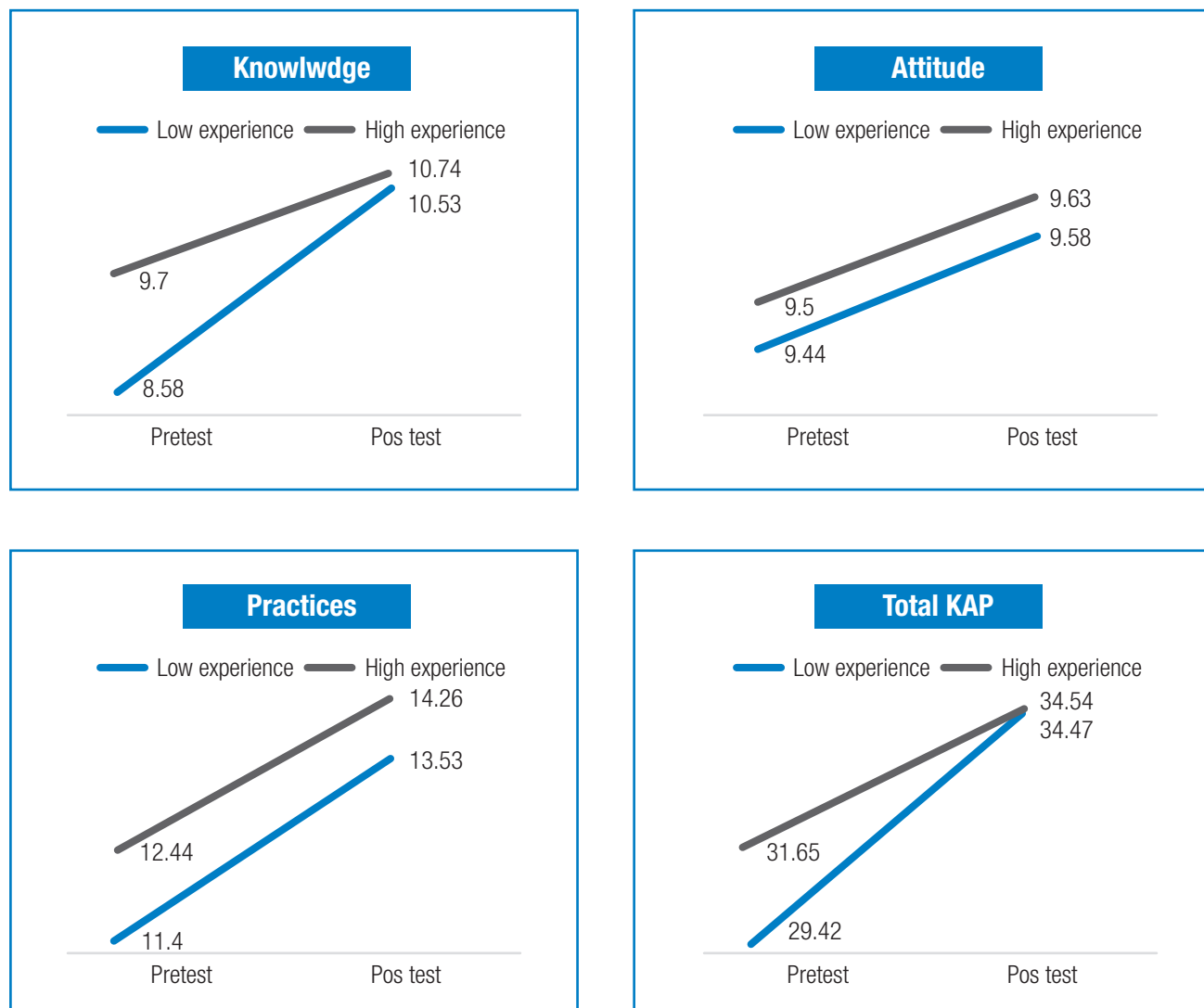


Figure 2: Paracounselors KAP by working experiences as a PC

Correlation analysis, reported in Table 3, demonstrate a negative correlation between PCs' practices and other previous work experiences, outside of counseling. Therefore, the interest is to investigate whether there are truly difference in their outcomes by experience level and type. Figure 3 and Table 7 (see Annex), shows that regardless of groups, PC improved their knowledge, practices, and total KAP from pretest to posttest. However, only group differences were found in PCs' practices ($F=9.94, p=.00, \eta^2=.08$). But the group and test interaction show both the group increase their practices similarly after the training ($F=.00, p=.98, \eta^2=.00$).

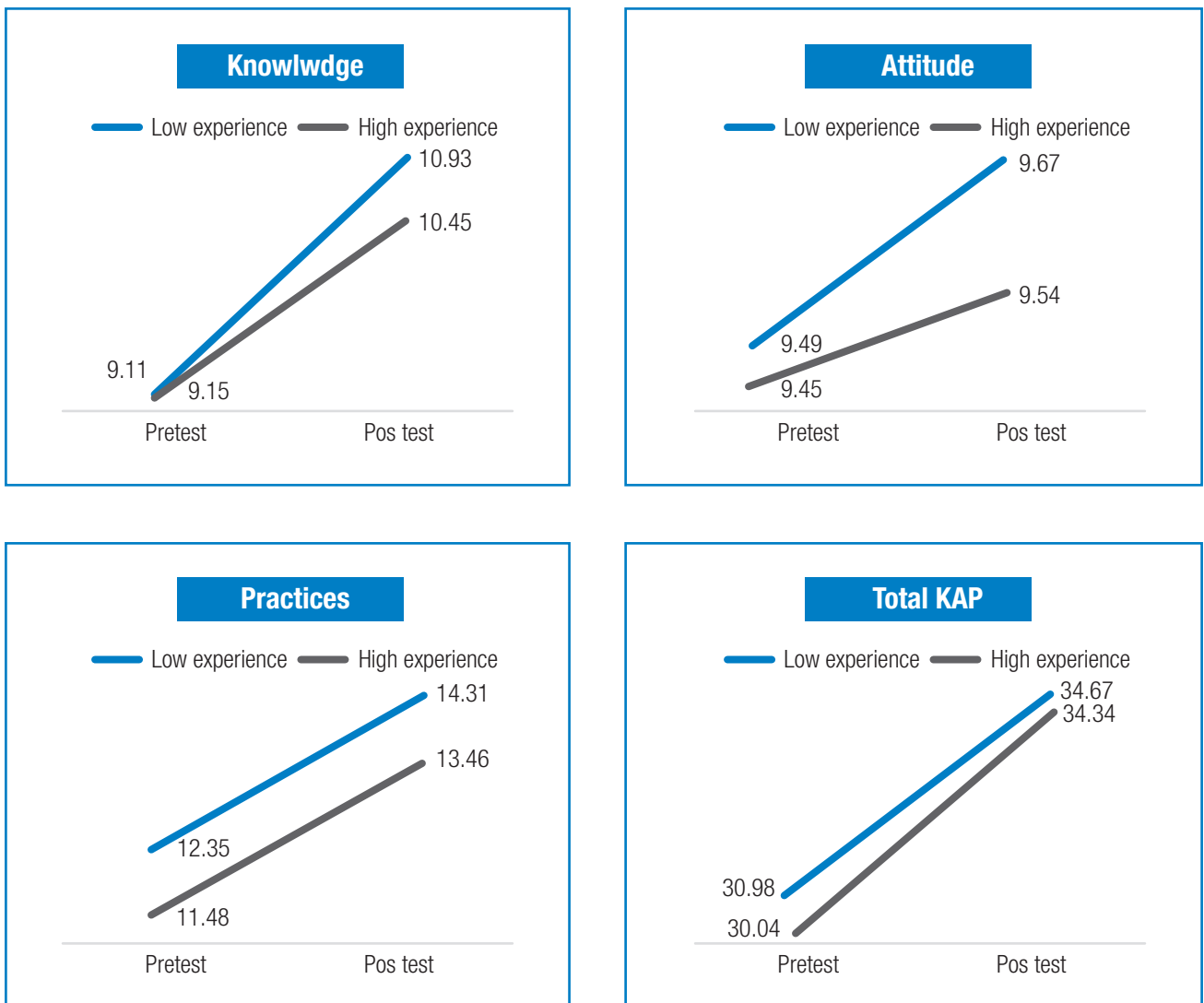


Figure 3: Paracounselors' KAP by other working experiences except as a PC

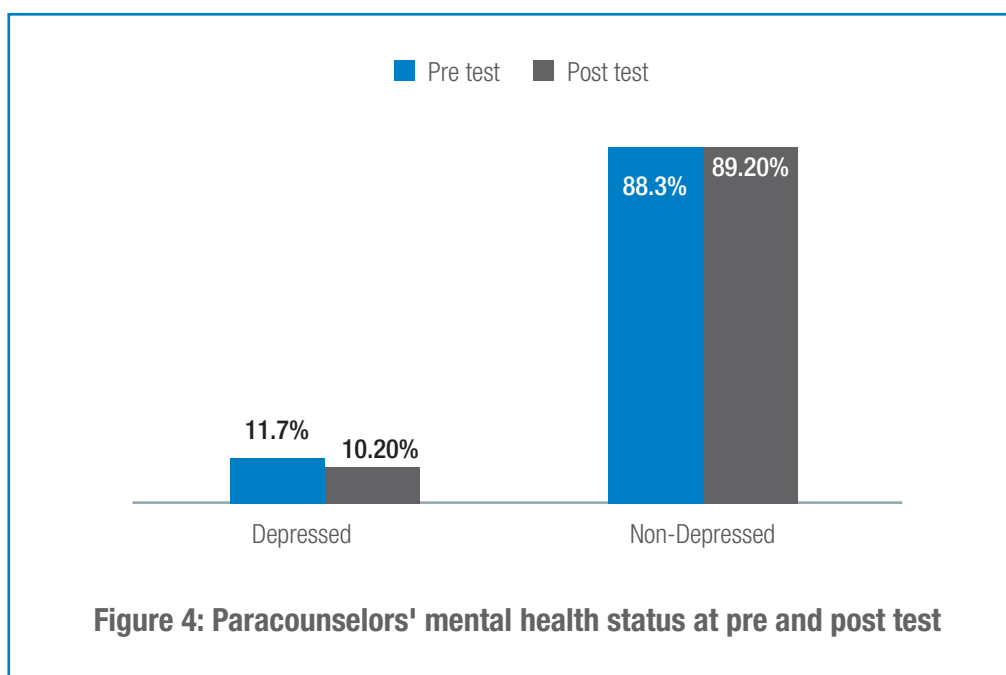
During the post-test, all of the PCs shared that they found the training to be essential in improving their knowledge, and that they were satisfied with the training. Finding reveals the mean of their satisfaction was 60.64 with an SD of 4.36 (94.75% of the scale total). Figure 4 shows that around 91.9% PCs were completely satisfied, and the rest were moderately satisfied with the training. Table 8 (see Annex) shows that majority of the Paracounselors acknowledge the contents, training procedures, and trainers were supportive in increasing their knowledge and skills.



Figure 4: Paracounselors' level of satisfaction about the training

Paracounselors' Wellbeing

Paracounselors wellbeing was examined by PHQ-9. Figure 4 depicts that most of Paracounselors were mentally healthy both at pre-test and post-test. Around 11.7% PCs had shown depressive symptoms during pretest. In contrast 10.20% Paracounselors had depressive symptoms by the time of the posttest.



Pearson correlation between PCs' characteristics and their wellbeing status (Table 9) shows that PCs' age and experiences were not correlated with their depression. However, their educational qualification appeared to be negatively correlated with depression ($r = -.193$).

Table 9: Correlation between PCs' KAP and depression

Variable	Age	Experience as PC	Other experiences	Education
Depression at pre-test	0.06	0.118	0.012	-0.18
Depression at post-test	0.04	0.029	0.03	-.193*

* $p < .05$, ** $p < .01$

Table 10 claims PCs' knowledge, attitude and practices were not correlated with their depression. However, their depression during posttest was negatively correlated with their total KAP score.

Table 10: Correlation between PCs' KAP and Depression

Variable	Depression at pretest	Depression at posttest
Pretest		
Knowledge	-.051	--
Attitude	.039	--
Practices	-.027	--
Total KAP	-.031	--
Posttest		
Knowledge	-.047	-.144
Attitude	-.068	-.115
Practices	-.005	-.165
Total KAP	-.055	-.221*

* $p < .05$, ** $p < .01$

Discussion

Acknowledging the limited resources in mental health care services available (Islam, 2017), BRAC IED has developed a “Paracounselling” to build capacity and ensure better mental health and wellbeing for the Bangladesh mainstream and Rohingya community. In this model, Paracounselors are at the frontlines, and are community-based trained paraprofessionals in mental health services. According to this model, following a short, basic training, this paraprofessional cohort received an extended six-month-long Capacity Development Training (CDT) to establish their skills. The present study intended to examine the effect of the CDT training on Paracounselors’ knowledge, attitude, and practices.

Following a pre-post/test quantitative design, the study randomly selected 120 participants who were enrolled in the training, including Paracounselors, Play Leaders, and Project Assistants. Maintaining ethical protocols, data were collected over the phone due to the COVID-19 pandemic situation. To collect the data, pre-piloted KAP instruments for Paracounselors, Satisfaction scales and PHQ-9 questionnaires were to assess their knowledge, attitude, and practices, as well as their overall satisfaction toward the training, and wellbeing, respectively. Descriptive statistics, Paired sample-t-testing, Repeated Measure ANOVA, and Pearson correlation were applied for data analysis. For data visualization, tables and graphs are used as shown in the report.

The findings of the study show that the training was moderately effective in improving PCs knowledge, practices, and total KAP scores (Table 3). Findings also assert that participants’ education and experiences were correlated with their outcomes (Table 4). Since the educational qualification and experiences of the study participants were diverse, the study further investigated the similarities/differences in outcomes by their educational qualifications and experiences. However, the training was equally effective in improving both low and highly-educated participants’ knowledge and total KAP scores. But the training was found more effective for improving highly educated participants’ practices than those who had received less education ($F= 4.71$, $p = .03$, $\eta^2= .04$; Table 5). On the other hand, participants’ outcomes regarding participants’ counselling experiences shows that less experienced PCs’ knowledge ($F= 4.2$, $p = .04$, $\eta^2= .03$), practices ($F= 10.68$, $p = .00$, $\eta^2= .08$), and total KAP scores ($F= 4.58$, $p = .03$, $\eta^2= .00$) were significantly higher than those who were less experienced. However, training and experience interaction reveals low experienced participants gained more following the training in knowledge ($F= 4.6$, $p = .03$, $\eta^2= .04$) and total KAP ($F= 5.55$, $p = .02$, $\eta^2= .05$). On the other hand, participants’ other working experience other than counseling, elucidates group differences only in practices ($F=1.39$, $p=.24$, $\eta^2=.01$). However, the group and test interaction show both the group increase their practices similarly after the training ($F=.00$, $p=.98$, $\eta^2=.00$). Findings also show that the participants’ satisfaction level toward the training was also generally uniformly high.

To examine the participants' wellbeing, their depression levels were considered. The percentage of depression amongst PCs decreased slightly from about 11.7% to 10.20% among the participants. This finding indicates participants' wellbeing improved after training. However, results also find that after training, total KAP scores were negatively correlated with their depression.

The Center for Disease Control and Prevention (CDC, 2021) defines "training effectiveness refers to how well your training supports learning and learning transfer". Taking this into account, the Capacity Development Training (CDT) is significantly effective in facilitating learning and transferring the learning into skills and practices. A wide range of literature claims factors such as training design, alignment with organizational vision and mission, implementation plan, trainers' qualification, engagement in training, training environment, as well as trainees' characteristics such as motivation, ability to learn, education, or experiences contribute to practical training (Hoiberg & Berry, 1997; Mathieu, Tannenbaum, & Salas, 1992; Gatewood & Field, 1990; Baldwin & Ford, 1988, Timothy, 1988). The findings of the present study show similar trends. Participants' high satisfaction and motivation levels might enhance their learning effectively, and increase transfer into their practices.

The findings show that participants tended to be as a whole satisfied with the contents, trainers, and training procedures. They also shared that both the trainers and participants were respectful and supportive. These considerations many also accelerate participants' motivation. It is possible that since the contents are closely related to their interpersonal skills and personal lives, they could relate and acquire the knowledge with keen interest. Additionally, competent trainers, or the quality of training materials used might make the training more effective. Regarding the trainers' and participants' supportive behavior, they feel relaxed and connected, which may even be reflected in their better wellbeing, despite the difficult pandemic situation. Better wellbeing at baseline may be another contributing factor in learning and improving skills.

The effectiveness of the Paracounselors' Capacity Development Training was also explicit in reducing the gap in knowledge and practices between PCs with low & high educational qualifications, and low & high experience levels previously. These findings are also consistent with previous literature which illustrates that effective training programs reduce trainees' objective qualification disparities despite demographic differences, such as age, education, or experiences (Hana, Pavla, Monika & Gabriela, 2021; Shahzadi, Javed, Pirzada, Nasreen, & Khanam, 2014; Demerouti & Peeters, 2018; Kijek, Kijek, & Nowak, 2020).

In conclusion, the "Paracounselors' Capacity Development Training" implemented remotely considering the COVID-19 pandemic, was effective in improving Paracounselors' knowledge and practices. Moreover, the training was effective across variations in Paracounselors' different age, education, and experiences.

Lesson Learned

The following lessons are learned from the study findings:

- Remote training programs through virtual platforms (i.e., Google meet, Skype, WhatsApp, Zoom) are effective in improving skills as well as knowledge.
- Capacity Development Training is can be utilized to reduce the gaps in outcomes between PCs of low and high educational qualifications and experiences. Paracounselors who have not any experience or low experience can still reach a certain level through this training.
- Paracounselors are also themselves in need of mental health support. Ensuring Paracounselors' wellbeing is also necessary to maintain their learning and competencies.

References

- Abrahams, I., and Millar, R. (2008). Does Practical Work Really Work? A study of the effectiveness of practical work as a teaching and learning method in school science. *Int. J. Sci. Educ.* 30, 1945–1969.
- Baldwin, T.T., and Ford, J.K. (1988). Transfer of Training: A Review and Directions for Future Research. *Personnel Psychology*, 41, 63-105.
- Bethere, D., Neimane, I., and Usca, S. (2016). The Opportunities of Teachers' Further Education Model Improvement in the Context of Inclusive Education Reform. In Proceedings of the 2nd International Conference on Lifelong Learning and Leadership for All (ICLEL 2016), Liepaja, Tvia, 21–24 July 2016; Available online: <https://www.mendeley.com/catalogue/fe975289-db8b-3068> (accessed on 3 June 2021).
- Demerouti, E., and Peeters, M.C.W. (2018). Transmission Of Reduction-Oriented Crafting Among Colleagues: A Diary Study On The Moderating Role Of Working Conditions. *J. Occup. Organ. Psychol.*, 91, 209–234.
- Gatewood, P.D., and Field, H.S. (1990). Human Resource Selection, New York: Dryden.
- Gerds, M. (2010). Which Characteristics Of Workers Are Important For Employers In Northeast Germany? *Agric. Econ.*, 56, 449–507.
- Hoiberg and Berry, N.H. (1979). Expectations and Perceptions of Navy Life. *Organizational Behavior and Human Performance*, 21, 130-145.
- Islam SMS, Tabassum R, and Cruz JP (2017). Human resources for mental health in low and middle income countries: Evidence from Bangladesh in Workforce Development Theory and Practice in the Mental Health Sector (pp.143-163)
- Kijek, A., Kijek, T., and Nowak, A. (2020). Club Convergence Of Labor Productivity In Agriculture: Evidence From EU Countries. *Agric. Economy. (Zem'ed. Ekon.)*, 66, 391–401.

- Kohnová, L., Papula, J., Papulová, Z., Stachová, K., and Stacho, Z. (2020). Job Mismatch: The Phenomenon Of Overkilled Employees As A Result Of Poor Managerial Competences. *Entrep. Sustain*, 8, 83–102.
- Mathieu, J.E., Tannenbaum, S.I., and Salas, E. (1992). Influences of Individual and Situational Characteristics on Measures of Training Effectiveness. *Academy of Management Journal*, 35, 828-847.
- Rahman, A., Khaled, N., and Afsana, K. (2021). Documenting Integration of Mental Health With Early childhood Development Intervention, Unpublished Manuscript, BRAC School of Public Health.
- Shahzadi, I., Javed, A., Pirzada, S.S., Nasreen, S., and Khanam, F. (2014). Impact of Employee Motivation on Employee Performance. *Eur. J. Bus. Manag.* 6, 159–166.
- Timothy, W. (1988). Theory M: Motivating with Money. *Cornell Hotel and Restaurant Administration Quarterly*, 29.
- Tymoschuk, N.A., Ryabinova, E.N., Sapova, O.A., and Oddo, V. (2019). Matrix Model of Cognitive Activity as One of the Meta Basis of Digital Education. In *The Sundarbans: A Disaster-Prone Eco-Region*; Springer International Publishing: New York, NY, USA, 481–493.
- UN. (2015). Mental Health and Development [Html]. Retrieved February 11, 2021, from United Nations: Department of Economic and Social Affairs Disability website: <https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html>
- WHO. (2019). *The WHO special initiative for mental health (2019-2023): Universal health coverage for mental health* (Technical Document No. WHO/MSD/19.1). Geneva: World Health Organization. Retrieved from World Health Organization website: <https://apps.who.int/iris/handle/10665/310981>
- World Bank. (2020). Mental health [Text/HTML]. Retrieved February 11, 2021, from The World Bank website: <https://www.worldbank.org/en/topic/mental-health>

Annex

Table 5: Comparison and distribution of KAP score at pretest and posttest by PCs' education

Variable	PCs' Education	Pretest	Post test	Test Effect		Group Effect		Group X Test effect	
				F, p	η^2	F, p	η^2	F, p	η^2
Knowledge	Low education	9.22±2.27	10.55±1.83	44.00, .00	.28	.03, .86	.00	1.47, .23	.01
	High education	8.98±2.4	10.9±1.53						
Attitude	Low education	9.49±1.01	9.70±.79	.79, .37	.00	1.4, .71	.01	.49, .48	.00
	High education	9.43±1.03	9.45±.89						
Practices	Low education	12.13±2.6	13.58±2.64	45.11, .00	.29	.13, .71	.00	4.7, .03	.04
	High education	11.55±2.08	14.38±1.62						
Total KAP	Low education	30.84±4.77	34.16±3.06	76.76, .00	.41	.00, .98	.00	3.49, .06	.03
	High education	29.95±4.27	35.07±2.12						

Table 6: Comparison and distribution of KAP score at pretest and posttest by PCs' experience

Variable	PCs' Education	Pretest	Post test	Test Effect		Group Effect		Group X Test effect	
				F, p	η^2	F, p	η^2	F, p	η^2
Knowledge	Low experience	8.58±2.20	10.63±1.5	43.14, .00	.28	4.2, .04	.03	4.6, .03	.04
	High experience	9.70±2.3	10.74±1.95						
Attitude	Low experience	9.44±1.03	9.58±.80	1.19, .28	.01	.195, .67	.00	.002, .97	.00
	High experience	9.50±1.00	9.63±.88						
Practices	Low experience	11.40±2.4	13.53±2.13	38.91, .00	.26	10.68, .00	.08	.238, .62	.00
	High experience	12.44±2.35	14.26±1.72						
Total KAP	Low experience	29.42±4.32	34.47±2.57	5.45, .00	.40	4.58, .03	.00	5.55, .02	.05
	High experience	31.65±4.62	34.54±2.99						

Table 7: Comparison and distribution of KAP score at pretest and posttest by PCs' others experience except counseling

Variable	PCs' Education	Pretest	Post test	Test Effect		Group Effect		Group X Test effect	
				F, p	η^2	F, p	η^2	F, p	η^2
Knowledge	Low experience	9.15±2.20	10.93±1.7	42.58, .00	.28	.72, .39	.00	.85, .36	.00
	High experience	9.11±2.4	10.45±1.68						
Attitude	Low experience	9.49 ±.940	9.67±.747	1.20, .28	.01	.51,.48	.00	.14, .71	.00
	High experience	9.45±1.09	9.54±.91						
Practices	Low experience	12.35±2.5	14.31±1.8	39.01, .00	.26	9.94, .00	.08	.00, .98	.00
	High experience	11.48±2.38	13.46±2.00						
Total KAP	Low experience	30.98±4.68	34.67±2.94	71.23, .00	.40	1.39, .24	.01	.41, .51	.00
	High experience	30.04±4.50	34.34±2.94						

Table 7: Comparison and distribution of KAP score at pretest and posttest by PCs' others experience except counseling

Variable	Fully Dissatisfied	Somewhat Dissatisfied	Neutral (Neither satisfied nor dissatisfied)	Somewhat Satisfied	Fully Satisfied
Joyful training	0%	0%	1.8%	9.9%	88.3%
Consistent/Useful contents	0%	0%	1.5%	15.3%	82.9%
Easily understandable contents	0%	0%	3.6%	19.6%	78.6%
Organized materials	0%	0%	2.7%	9.9%	87.4%
Language was Simple	0%	0%	0%	21.6%	78.4%
Easy training materials (i.e., headnote)	0%	0%	4.5%	25.2%	70.3%
Effective training method (case study, role play etc.)	0%	0.9%	0.9%	16.2%	82.0%
Cordial trainers	0%	0%	0.9%	14.4%	84.7%
Supportive trainers	0%	0%	0%	12.6%	87.4%
Motivating and encouraging trainers (encourage participation)	0%	0%	1.4%	14.4%	83.8%
Participants opinion are respected and valued	0%	0%	0.9%	12.6%	86.5%
Appropriate training duration	0%	0%	3.6%	14.4%	82.0%
Convenient Online trainings	0%	1.8%	10.8%	30.6%	56.8%
Training was helpful in increasing knowledge and skill	0%	0%	1.8%	11.7%	86.5%
Gained knowledge are useful for personal life	0%	0%	0%	9.9%	90.1%
The purposes of the training have been achieved	0%	0%	1.8%	15.3%	82.9%



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