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CAPACITY BUILDING · TRAINING

Diagnosis before delivery

Five requirements for funders and leaders who pay for training

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ABOUT THIS PUBLICATION

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ABOUT THIS BRIEF

Praxis Policy Briefs distil evidence on a current institutional challenge into practical recommendations for leaders, boards and policymakers. Each brief is short enough to read before a meeting, cites every source so that readers can check it, and ends with actions an institution can take within one budget cycle.

This brief makes the policy case for the two phases of systematic training design that capacity-building programmes most often skip: diagnosing the performance gap before training is commissioned, and evaluating behaviour and results afterwards. It draws on an independent evaluation by the World Bank, guidance from the United States Government Accountability Office, meta-analyses of training transfer and systematic reviews of health-worker performance in low- and middle-income countries. Evidence was checked against original or authoritative sources and is limited to sources dated on or before 30 September 2026. Sources are listed in full at the end.

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SUMMARY

Abstract

Governments, development partners and employers spend heavily on training, yet much of that investment is judged by how many people attended rather than by what changed afterwards. This brief makes the policy case for the two ends of the ADDIE model (Analysis, Design, Development, Implementation, Evaluation) that are most often skipped: diagnosing the performance gap before training is commissioned, and evaluating whether trainees apply what they learned and whether results improve.

Drawing on a World Bank evaluation, a United States Government Accountability Office guide, meta-analyses of training transfer and systematic reviews of health-worker performance in low- and middle-income countries, it shows that training produces learning more reliably than it produces changed practice, and that design and workplace support explain much of the difference.

It sets out five requirements that funders and institutional leaders should attach to any training investment, with a funder checklist, questions for boards and a 90-day plan.

AT A GLANCE

Key messages

1. **Training is often counted, not evaluated.** The World Bank's Independent Evaluation Group found in 2008 that project completion reports "seldom report on more than the numbers of persons trained".
2. **Learning is not the same as changed practice.** In the same evaluation, most World Bank-financed training produced individual learning, but it improved the capacity of client institutions only about half the time.
3. **Targeting matters most, and it starts with analysis.** The World Bank evaluation found that the targeting of training content was the most important design factor driving training success.
4. **Training alone has moderate effects; training plus support does better.** A 2018 systematic review of health-worker performance in low- and middle-income countries found that combining training with supervision typically outperformed either strategy alone.
5. **Funders hold the lever.** If funders and boards require a needs analysis before approval and evidence of behaviour change after delivery, providers will design for performance rather than attendance.
6. **Analysis does not have to be slow.** Practitioners report that performance needs assessments "can often be accomplished in a short time and without great expense".

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WHO THIS BRIEF IS FOR

- **Development partners, foundations and ministries of finance** who fund capacity building and set the conditions for it.
- **Ministries and public agencies** that commission training for their own staff and for front-line services.
- **Boards and executive leaders** who answer for what training budgets achieve.
- **Heads of human resources, learning and programme teams** who write the plans, budgets and results frameworks.
- **Training providers and universities** who want to show that their programmes change practice.

ABOUT PRAXIS GLOBAL INSTITUTE

Praxis Global Institute's mission is to deliver practical training, applied research, ethical AI and technology solutions, and strategic advisory that improve performance, strengthen systems and empower professionals.

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HOW TO USE THIS BRIEF

Read the abstract and key messages for the argument in two minutes. Section 02 gives the evidence and the strongest counter-arguments; Section 03 sets out five requirements for funders and leaders; Section 04 gives a funder checklist, questions for boards and a 90-day plan; and Section 05 concludes. Practitioner methods will follow in Praxis Toolkit No. 1.

01

Introduction

Training is the default response to almost every performance problem. The question for funders and leaders is whether each investment is aimed at a real gap, and whether anyone checks that it closed.

Why this brief, and why now

Training is the default response to almost every performance problem in public institutions and development programmes. When service quality falls, when a new policy is introduced or when a donor funds a new initiative, a workshop usually follows. The cost is substantial. The World Bank alone was investing an estimated US$720 million a year in client training when its Independent Evaluation Group (IEG) reviewed the portfolio in 2008 [1]. In the United States corporate sector, *Training* magazine's 2025 industry report estimated total training expenditure at US$102.8 billion in 2025 [15].

The question for funders and leaders is not whether to invest in people. It is whether each training investment is aimed at a real performance gap, and whether anyone checks that it closed. This brief argues that the answer is too often no, and that funders and institutional leaders can change this through the conditions they set.

Scope and approach

This is a policy brief for funders, ministries and institutional leaders. It addresses what decision-makers should require before paying for training, not how practitioners should design it. Step-by-step guidance for practitioners will appear in the forthcoming *Praxis Toolkit No. 1: From training to practice*.

The brief draws on peer-reviewed meta-analyses and systematic reviews, an independent evaluation by the World Bank, and guidance from the United States Government Accountability Office (GAO). Every figure is dated and referenced. Where evidence is weak or contested, the brief says so.

KEY TERMS

ADDIE
Analysis, Design, Development, Implementation, Evaluation: the five phases of systematic instructional design. Molenda describes ADDIE as "merely a colloquial term used to describe a systematic approach to instructional development", an umbrella label for a family of models rather than a single prescribed method [7].

Training-needs analysis
The Analysis phase: establishing what performance is required, what is happening now, why the gap exists, and whether training (rather than equipment, incentives, staffing or process change) is the right response.

Performance gap
The measurable difference between required and actual performance in the workplace.

Transfer of training
The degree to which trainees apply what they learned on the job: in Baldwin and Ford's words, "both the generalization of learned material to the job and the maintenance of trained skills" over time [2].

Kirkpatrick levels
A four-level framework for evaluating training, created by Donald Kirkpatrick in the 1950s: Level 1 Reaction, Level 2 Learning, Level 3 Behaviour and Level 4 Results (Figure 3) [6]. Some frameworks add a fifth level, return on investment [9].

02

Evidence and cases

Training reliably produces learning. It produces changed practice far less reliably, and the reasons lie mostly outside the training room.

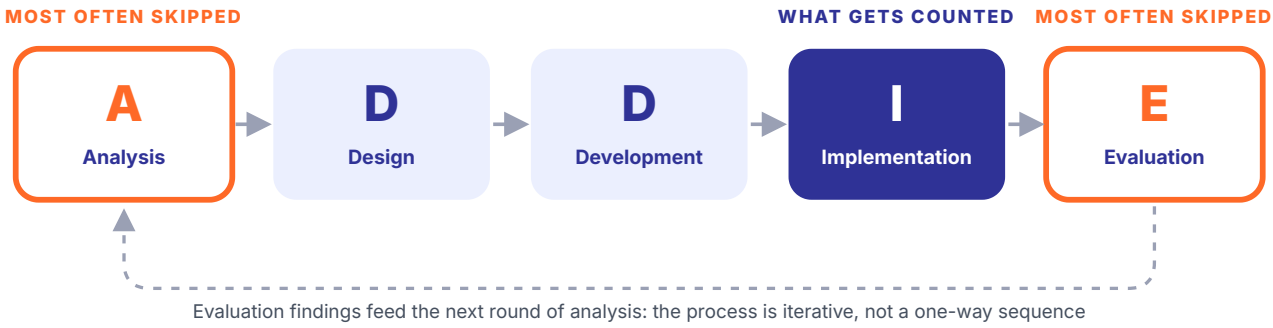


Figure 1. The ADDIE phases. Capacity-building programmes most often skip Analysis and Evaluation and report on Implementation (the number of people trained). Source: Praxis Global Institute, drawing on Molenda (2003) and the World Bank IEG evaluation (2008) [1][7].

The scale of the investment

Training is a major line of public and development spending, but it is rarely reported as one. The clearest figures come from institutions that have looked (Table 1). These are not global totals, and the second describes the United States corporate market rather than public or development spending. They do illustrate a simple point: training is a large, recurrent investment that deserves the same scrutiny as infrastructure or medicines.

Table 1. What training costs, where it has been measured

Source	Data	Finding
World Bank IEG evaluation [1]	2008	About US$720 million a year in support of client training, over 90% of it through investment projects
***Training* magazine industry report** [15]	2025	US$102.8 billion in US training expenditure, up 4.9%; an average of US$874 per learner, up from US$774 in 2024

Learning happens; changed practice is less certain

The most direct evidence on development training comes from the IEG's 2008 evaluation of World Bank project-based training and World Bank Institute (WBI) training. It combined surveys in six countries with field reviews of 37 training programmes in Bangladesh, Burkina Faso, Mexico and Tunisia [1]. Its central finding was that most Bank-financed training resulted in individual learning, but that training "improved the capacity of client institutions and organizations to achieve development objectives only about half the time" [1].

> **Training that reliably produces learning can still fail to change what happens at work.**

World Bank management cautioned that parts of the analysis rested on small samples and low survey response rates [1]. Even read cautiously, the finding is sobering.

The academic literature has long described this as the "transfer problem". Baldwin and Ford's 1988 review, one of the most cited papers in the field, opened with "growing concern over the 'transfer problem'" [2]. That review also repeated an estimate, attributed to Georgenson (1982), that "not more than 10% of these expenditures actually result in transfer to the job" [2]. Funders should treat that figure with care: later scholars, including Ford himself, have called it "the ten percent delusion" because it was never grounded in systematic measurement [3]. The honest position is that transfer varies widely and is rarely measured, which is precisely the problem this brief addresses.

What drives transfer

The research is clearer on what makes transfer more likely. Baldwin and Ford identified three groups of factors: "training design, trainee characteristics, and work-environment characteristics" [2]. A 2010 meta-analysis of 89 empirical studies by Blume and colleagues confirmed positive relationships between transfer and trainee factors

such as cognitive ability, conscientiousness and motivation, and a supportive work environment [4]. A 2018 review concluded that "[t]here is ample opportunity to increase the yield on enormous organizational investments in training" [5].

Two lessons follow for funders. First, much of what determines success lies outside the training room, in supervision, incentives and the opportunity to practise. Second, those conditions can only be addressed if someone analyses them before training is commissioned.

Evidence from health workforces

Health systems in low- and middle-income countries (LMICs) offer the richest evidence, because in-service training of health workers is so widespread.

Design features matter. A 2013 integrative review of 37 systematic reviews and 32 randomised controlled trials by Bluestone and colleagues found that "[r]epetitive interventions, rather than single interventions, were shown to be superior for learning outcomes", and that "[s]ettings similar to the workplace improved skill acquisition and performance" [10]. It also noted that "there is less evidence directly linking CPE [continuing professional education] to improved clinical outcomes" [10].

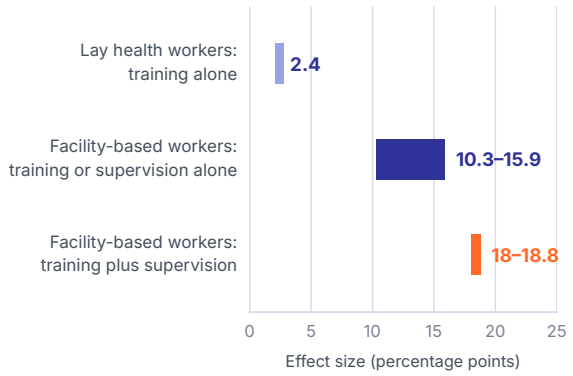


Figure 2. Typical effects of training and supervision on health-care provider practices in LMICs. Ranges for facility-based workers; single value for lay health workers. Source: Rowe et al. (2018), Health Care Provider Performance Review, 337 studies [11]. Most strategies had low-quality evidence.

Training alone is not enough. The Health Care Provider Performance Review, a 2018 systematic review in *The Lancet Global Health* covering 337 studies of 118 strategies, found that for facility-based health workers "training or supervision alone typically had moderate effects (10·3–15·9 percentage points), whereas combining training and supervision had somewhat larger effects than use of either strategy alone (18·0–18·8 percentage points)" [11]. For lay health workers, such as community health workers, the effect of training alone was small, at 2·4 percentage points (Figure 2) [11].

How supervisors engage matters. A 2022 secondary analysis of 81 studies from 36 countries found that routine supervision was more effective when supervisors themselves received supervision and when supervisors participated in problem-solving with health workers [12].

Training can disrupt services. Drawing on IntraHealth International's experience, Gaye and Nelson warned in 2009 that bringing health workers to central locations for training "too often causes serious disruptions in service delivery" [14].

The policy implication is direct. A funder who pays for a stand-alone workshop and counts attendees is buying the weakest version of the intervention and measuring the least informative outcome.

Why Analysis and Evaluation get skipped

If the evidence is this consistent, why do the two ends of ADDIE so often disappear? The sources point to four structural causes.

1. Output indicators reward headcounts. The IEG found that World Bank completion reports "seldom report on more than the numbers of persons trained" [1], and that "[t]he Bank does not adequately monitor or evaluate training results" [1]. GAO's 2004 guide made the same point about United States federal agencies, noting that they had "primarily focused on activities or processes" and warning that "programs lacking outcome metrics will be unable to demonstrate how they contribute to results" [9]. When "number trained" is the indicator, a workshop always succeeds.

2. Analysis is not funded or mandated. The IEG reported that the WBI "does not generally mandate or finance in-depth diagnosis of capacity gaps or assessment of training needs" [1]. Its first recommendation was for guidance that sets "[d]iagnosis and training-needs assessment requirements for training initiation" [1]. Where analysis is not a condition of funding, it is the first activity cut.

3. Follow-up falls outside the budget cycle. Behaviour change appears weeks or months after a course ends, often after the grant has closed. The IEG found that adequate follow-up support was provided in only half of the 29 project training programmes it reviewed in the field [1]. GAO acknowledged that "higher levels of evaluation can be challenging to conduct because of the difficulty and costs associated with data collection" [9].

4. Attendance carries its own incentives. In a 2013 study based on interviews with 41 government and non-governmental officials in Malawi and Uganda, Vian and colleagues found that per diems can provide benefits such as "encouraging training, increasing staff motivation and supplementing salary", but also that "[w]ork practices are also manipulated in order to maximize financial gain" [13]. When attendance itself is rewarded, demand for workshops can be driven by allowances rather than by performance needs.

The strongest counter-arguments

"ADDIE is linear, slow and outdated." Critics argue that ADDIE behaves like a waterfall, with long analysis and design phases before anything is tested. Michael Allen's *Leaving ADDIE for SAM* (2012) proposed the Successive Approximation Model (SAM), which develops learning in "small steps with frequent early evaluation" [8]. These criticisms have force against rigid, document-heavy practice.

This brief is not defending a rigid sequence. Molenda's historical review found that ADDIE has no single authoritative version and that its processes are "considered to be sequential but also iterative" [7]. Agile approaches such as SAM keep analysis and evaluation; they simply make them faster and more frequent. The policy problem is not that institutions follow ADDIE too slavishly. It is that they skip its first and last phases altogether. Funders can, and should, accept rapid and iterative designs, provided a performance gap is diagnosed and results are measured.

"Needs analysis and evaluation are too expensive." GAO recognised that higher-level evaluation costs more and advised that return-on-investment analysis be applied selectively [9]. That is a reason for proportionality, not for omission. Analysis can be light: Gaye and Nelson report that performance needs assessments "can often be accomplished in a short time and without great expense" [14]. Behaviour-level evaluation can use a sample of trainees and existing supervision or routine data. Set against an investment that, on the World Bank's evidence, changed workplace capacity only about half the time [1], a modest share for diagnosis and evaluation is insurance, not overhead.

"Some training is a right or a reward, not a performance fix." Orientation, mandatory compliance training and professional development all have legitimate purposes. The requirements below should be applied in proportion to the size and purpose of the investment. But when training is funded as capacity building, the funder is entitled to ask what capacity was built.

03

Five requirements for funders and leaders

Addressed to development partners, foundations and ministries of finance; to ministries and agencies that commission training; and to boards and executive leaders.



Figure 3. What to measure. The four Kirkpatrick levels, with the evidence this brief recommends funders require. Level definitions: Kirkpatrick Partners [6].

1 No training funding without a performance diagnosis

Require a proportionate needs analysis before any training grant or budget line is approved. It should state the performance gap, its causes, the evidence used, and why training (rather than another intervention) is the right response. This applies the IEG's call for "[d]iagnosis and training-needs assessment requirements for training initiation" [1]. Where the diagnosis shows the problem is equipment, staffing, incentives or process, fund that instead.

2 Ring-fence a share of every training budget for evaluation and follow-up

Set aside a proportionate, ring-fenced share of each training budget for follow-up support and for evaluation of behaviour and results, scaled to the size and risk of the programme. Allow evaluation activities to run beyond the training dates and, where needed, beyond the grant end date, so that behaviour change can be observed.

3 Measure behaviour and results, not attendance

Retire "number of people trained" as a stand-alone indicator. Require at least one Level 3 (behaviour) indicator for every funded programme and Level 4 (results) indicators for large or strategic investments [6]. Reaction and learning measures remain useful for improving delivery, but they should not be reported as evidence of impact. As GAO put it, "[t]raining effectiveness must be measured against organizational performance" [9].

4 Design for transfer, with supervisors as co-owners

Fund training only when it includes the workplace conditions that make transfer likely: supervisor involvement before and after, opportunities to practise, repeated rather than single sessions, and realistic settings [4][10]. In health systems, pair training with supervision that includes joint problem-solving, which the evidence associates with larger effects than either strategy alone [11][12]. Make supervisors accountable for supporting application, not just for releasing staff.

5 **Publish results, including null results**

Require providers and commissioning agencies to publish a short results summary for every significant training investment, covering the gap diagnosed, what was delivered, and what changed at Levels 3 and 4. Include programmes that did not work. Publication builds an evidence base, rewards providers who measure honestly, and gives future funders something better than headcounts to go on.

WHAT THE REQUIREMENTS HAVE IN COMMON

None asks funders to become instructional designers. Each changes what is asked for: a diagnosis before delivery, evidence of behaviour and results after it, and the budget to obtain both.

04

Practical tools

Use these pages when a training proposal reaches a funding committee, a board or an executive team. Each "no" is a gap to close before approval.

Table 2. Checklist for funders before approving a training grant

#	Question	Evidence to request	Yes / No
1	Is a specific performance gap described, with baseline data?	Needs analysis summary; baseline indicators	
2	Has the applicant shown that training is the right response, rather than equipment, staffing, incentives or process change?	Root-cause analysis	
3	Is the target group defined by role and performance need, rather than by availability or seniority?	Selection criteria	
4	Does the design include practice, repetition and workplace-like settings?	Design outline	
5	Are supervisors involved before and after training?	Supervisor roles and follow-up plan	
6	Is there at least one behaviour (Level 3) indicator, with a measurement date after training ends?	Results framework	
7	For large investments, is there a results (Level 4) indicator linked to the original gap?	Results framework	
8	Is a proportionate share of the budget ring-fenced for follow-up and evaluation?	Budget breakdown	
9	Are allowances and per diems set at levels that cover costs without making attendance an incentive in itself?	Allowance policy	
10	Will results, including null results, be published?	Publication commitment	

Eight questions for boards

1. How much did we spend on training last year, across all budget lines and funding sources?
2. What share of that training was preceded by a documented needs analysis?
3. For which programmes do we know whether staff applied what they learned?

4. Which performance indicators improved as a result of training, and how do we know?
5. Are any of our training indicators simply counts of attendance or hours?
6. What role do line managers play in supporting staff to apply new skills?
7. Which training programmes have we stopped or redesigned because evaluation showed they were not working?
8. Do our allowance and per diem policies encourage attendance for its own sake?

A board that cannot answer the first four questions cannot say what its training budget bought.

Getting started: the first 90 days

Table 3. A 90-day plan for a ministry or organisation

Days	Actions	Output
1–30 **Take stock**	Compile a register of all training funded in the past 12 months, with cost, funder, target group and indicators. Identify which had a needs analysis and which measured behaviour or results.	Training investment register and baseline
31–60 **Set the rules**	Adopt a short policy requiring a proportionate needs analysis before approval, a ring-fenced evaluation share and at least one Level 3 indicator. Agree roles for supervisors. Review allowance policies.	Board-approved training investment policy
61–90 **Pilot and report**	Apply the new rules to two or three upcoming programmes. Agree evaluation dates beyond the training. Report to the board on the register, the policy and the pilots, and publish a summary.	Pilot plans and a first public results summary

Detailed practitioner guidance on conducting needs analysis, designing for transfer and evaluating at Levels 3 and 4 will be provided in the forthcoming *Praxis Toolkit No. 1: From training to practice*.

05

Conclusion: pay for performance, not attendance

The evidence does not say that training fails. It says that training succeeds when it is aimed at a diagnosed gap and judged by what changes afterwards.

Training is one of the most common investments in institutional capacity, and one of the least examined. It succeeds when it is aimed at a diagnosed gap, designed for the workplace, supported by supervisors and judged by what changes afterwards. Those conditions sit at the two ends of ADDIE that are most often cut.

Funders and leaders do not need to become instructional designers to fix this. They need to change what they ask for: a diagnosis before delivery, evidence of behaviour and results after it, and the budget to obtain both. Paying for performance rather than attendance is the most practical reform available to anyone who funds capacity building.

How Praxis can help

Praxis Global Institute's Education & Training work, including the International Professional Readiness (IPR) Program, is built on the principle that "training should connect with the work learners need to do". Its Advisory & Partnerships practice supports institutions with strategy and institutional change, and the forthcoming *Praxis Toolkit No. 1: From training to practice* will give practitioners the methods behind these recommendations. For enquiries about this brief, email Dr Aseno at simon@praxisglobal.ac, or contact Praxis.

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