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HUMAN RESOURCES FOR HEALTH ASSESSMENT DATA COLLECTION TRAINING TRAINER'S MANUAL



February 2008

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HUMAN RESOURCES FOR HEALTH ASSESSMENT

DATA COLLECTION TRAINING TRAINER'S MANUAL

February 2008

The author's views expressed in this publication do not necessarily reflect the views the United States Agency for International Development or the United States Government.

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PURPOSE OF THE TRAINER'S MANUAL

This trainer's manual contains a suggested workshop design for use by individuals and organizations planning Human Resources for Health (HRH) Assessments. These materials can be used to train supervisors and data collectors to conduct an HRH assessment.



FOREWORD

1. OVERVIEW

This document is a trainer’s manual for training data collectors to conduct a Human Resources for Health (HRH) assessment in the health sector. The two-day workshop is designed for a group of approximately 25 participants organized into five teams of five individuals. Each team consists of a supervisor and four data collectors. The guide contains step-by-step instructions for the trainers to conduct the workshop. It is intended for use in conjunction with the accompanying participant manual, which contains the technical materials that the participants will receive during the workshop, and a CD with the PowerPoint presentation materials.

2. PARTICIPANTS

Training participants include supervisors and data collectors, who are organized into teams. Each team is led by a field supervisor (typically a nurse or doctor) and has approximately four data collectors (often college/university students). The participants are expected to have at least a college/university level of education.

3. TRAINING METHODOLOGY

The training is conducted in a workshop format with approximately 13 hours of actual workshop time excluding breaks. All session times are estimates based on earlier training experience, and they may vary slightly in this workshop. The workshop uses the principles of adult learning and the experiential learning methodology. (See Annex A for a description of the Experiential Learning Methodology). The course is highly participatory, with a mix of presentations, small group tasks, role-playing, and full group discussion.

4. WORKSHOP PURPOSE AND OBJECTIVES

The purpose of this workshop is to prepare the data collection teams to carry out the data collection step in the HRH assessment process.

Specific workshop objectives are to:

- Understand the context and rationale for the HRH assessment
- Discuss the overall HRH assessment process
- Describe the field strategy for the assessment
- Become familiar with the data collection instrument
- Practice skills required to use the instrument effectively
- Develop a plan for field implementation
- Clarify the logistical issues related to field implementation

5. SAMPLE WORKSHOP AGENDA

DAY 1	DAY 2
8:30 Introduction	8:30 Field Practice
9:30 Coffee/Tea Break	<ul style="list-style-type: none"> ● Hospital ● Clinic ● Debrief
9:45 Context and Rationale	Coffee/Tea Break between sites
10:30 HRH Assessment Process <ul style="list-style-type: none"> ● Overview ● Field Strategy 	
11:30 Data Collection Instrument	
12:30 Lunch	12:30 Lunch
1:30 Interview Skill Practice <ul style="list-style-type: none"> ● Interviewing Skills Presentation ● Demonstration 	1:30 Developing a Field Implementation Plan <ul style="list-style-type: none"> ● Overview ● Roles and Responsibilities ● Action planning
3:30 Coffee/Tea Break	3:30 Coffee/Tea Break
3:45 Interview Skill Practice (continued)	4:30 Wrap-up and Next Steps
5:00 End	5:00 End

6. TRAINER'S MANUAL

The material in this training manual is designed to be delivered by a skilled trainer (preferably a team of two trainers) experienced in conducting surveys and supervising data collection teams and knowledgeable about HRH assessments. The trainers are expected to work as a team in delivering the training.

7. PARTICIPANT'S MANUAL

This trainer's manual should be used in conjunction with the participant manual. The participant's manual is organized by sessions, with documents presented in the order in which they are used in the workshop. The trainer's manual makes specific reference to these documents and when and how they should be used.

8. POWERPOINT

A CD included with this trainer's manual contains electronic PowerPoint versions of all the materials that the trainers will present to the participants. These include all task instructions, presentation materials, and instruments. Most of these materials are also replicated in the participant manual.

9. WORKSHOP VENUE

The workshop will generally be conducted in a venue that is affordable, convenient, and appropriate for training. The site should have a large training room that can accommodate up to five small breakout groups without overcrowding. The room should be arranged with rectangular tables for breakout groups, that is, it should not be set up in classroom or theater style. This will allow participants to interact easily. If possible, separate breakout space for the small group sessions should be available. The venue should also have a projector and screen for PowerPoint presentations.

10. EVALUATION OF WORKSHOP

At the end of the workshop, the participants will fill out a short evaluation questionnaire.

11. PERFORMANCE EXPECTATIONS

Participants are held to a high performance standard. They are expected to be punctual and participate in the entirety of the two days of training. At the end of this training, participants will be required to:

1. Explain the rationale for HRH data collection
2. Discuss the questions in the data collections instruments
3. Understand the interview techniques

SESSION I

INTRODUCTION

Goal:
Ensure that participants have a clear understanding of the goals and agenda

SESSION OVERVIEW

STEPS AND DURATION

1. Welcome: 10 minutes
2. Introductions: 10 minutes
3. Getting Started: 20 minutes
4. Review of Goals and Agenda: 10 minutes
5. Guidelines for Working Together: 5 minutes
6. Logistics and Housekeeping: 5 minutes

MATERIALS

- Participant Manual pages 1-4
- PowerPoint Slides 1-9

Total Duration:
1 Hour

I. WELCOME: 10 MINUTES

Ideally, the welcome should be done by a representative of the Ministry of Health, US Government or other sponsoring agency, and the technical team leader.



The welcome should focus on the following points:

- Importance of the activity in addressing the critical shortage of qualified personnel in the health sector
- Skills and experience of the participants
- Importance of the data collection training in the HRH assessment process

2. INTRODUCTIONS: 10 MINUTES

The trainers/facilitators introduce themselves. Their introduction serves as a model for the participants to use when introducing themselves.

TASK: INTRODUCTION

Please tell us:

- Your name
- Your full-time occupation
- One thing you hope to learn in this workshop



3. GETTING STARTED: 20 MINUTES

Tell the participants that you want to get the workshop started with something interactive.

Post on five flipcharts located around the room five reasons for the HRH shortage one reason per flipchart. While the trainer can select the specific reasons most applicable to the country, five fairly typical reasons are the following:

- Inadequate compensation
- Ineffective training institutions
- Poor supervision and management
- Poorly motivated staff
- Lack of interest in working in areas of the country that need the most help

Ask the participants to complete the following task:

TASK: GETTING STARTED

- Go stand by the flipchart with the reason that best captures why there is a human resource shortage in this country's health sector.
- Form a group with the others who also chose that reason.
- Share with the group why you chose this reason.
- Be prepared to share the highlights of your group discussion with the entire class.

Take 10 minutes

Ask each group to briefly share why they chose that reason. This reporting should move quickly. Summarize the common themes once all the groups have reported.

5

Task: Getting Started

- Stand by the flipchart with the reason that best captures why there is an HR shortage in the health sector
- Share with your group why you chose this reason
- Be prepared to share the highlights of the discussion

You have 10 minutes

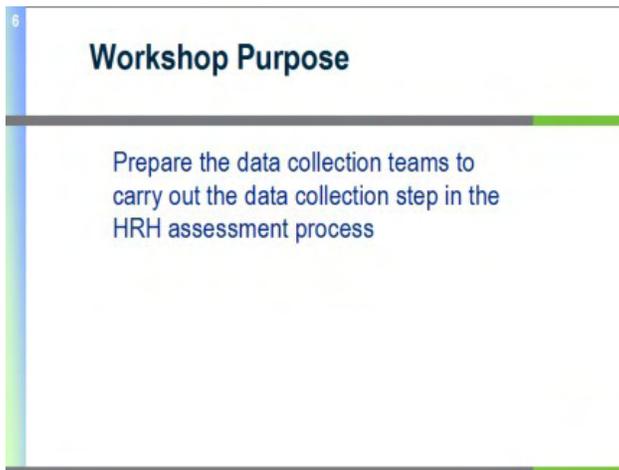
4. WORKSHOP GOALS AND AGENDA: 10 MINUTES

Review the workshop purpose and objectives. Refer participants to the list of objectives on page 1 in the participant manual.

A. WORKSHOP PURPOSE AND OBJECTIVES

Workshop Purpose

Prepare the data collection teams to carry out the data collection component of the HRH assessment process.



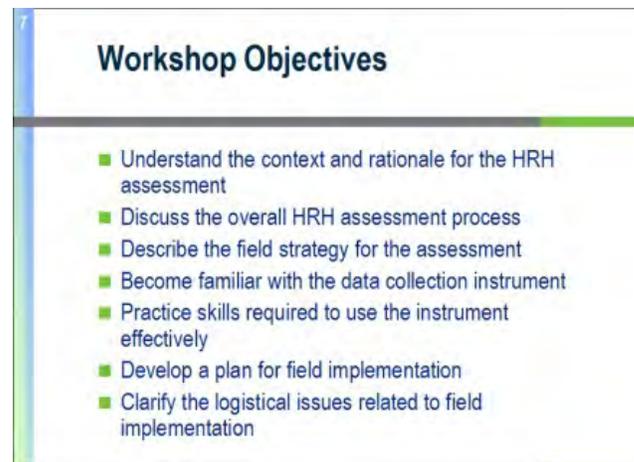
6

Workshop Purpose

Prepare the data collection teams to carry out the data collection step in the HRH assessment process

Workshop Objectives

- Understand the context and rationale for the HRH assessment
 - Discuss the overall HRH assessment process
 - Describe the field strategy for the assessment
 - Become familiar with the data collection instrument
 - Practice skills required to use the instrument effectively
 - Develop a plan for field implementation
- Clarify the logistical issues related to field implementation



7

Workshop Objectives

- Understand the context and rationale for the HRH assessment
- Discuss the overall HRH assessment process
- Describe the field strategy for the assessment
- Become familiar with the data collection instrument
- Practice skills required to use the instrument effectively
- Develop a plan for field implementation
- Clarify the logistical issues related to field implementation

B. AGENDA

Present the workshop agenda using the block calendar on page 2 of the participant manual, and show how the objectives will be achieved through the various sessions. Below is a sample agenda that can be modified to suit local circumstances.



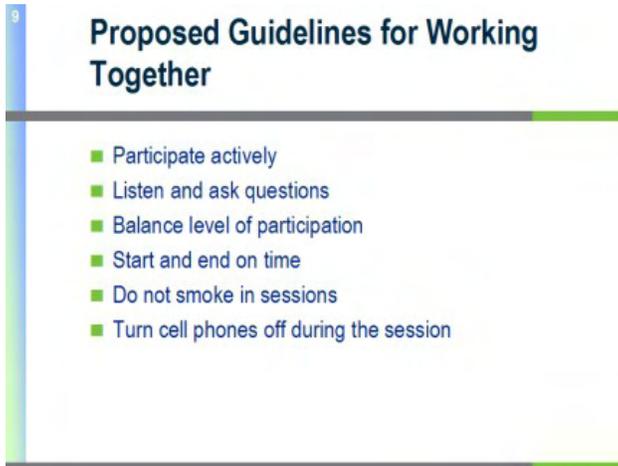
WORKSHOP AGENDA

DAY 1	DAY 2
8:30 Introduction	8:30 Field Practice
9:30 Coffee/Tea Break	<ul style="list-style-type: none"> ● Preparation ● Hospital ● Clinic ● Health Center ● Debrief
9:45 Context and Rationale	
10:30 HRH Assessment Process	9:30 Coffee/Tea Break
<ul style="list-style-type: none"> ● Overview ● Field Strategy 	
11:30 Data Collection Instrument	
12:30 Lunch	12:30 Lunch
1:30 Interview Skill Practice	1:30 Developing a Field Implementation Plan
<ul style="list-style-type: none"> ● Presentation ● Demonstration ● Practice Interviews ● Discussion 	<ul style="list-style-type: none"> ● Overview ● Roles and responsibilities ● Action planning
3:30 Coffee/Tea Break	3:30 Coffee/Tea Break
3:45 Interview Skill Practice (continued)	4:30 Wrap-up and Next Steps
5:00 End	5:00 End

5. GUIDELINES FOR WORKING TOGETHER: 5 MINUTES

Discuss some behaviors that the group should adopt – ways the group can work together to help achieve the workshop objectives by creating a safe, efficient, and effective learning environment.

Discuss each of the behavior guidelines, explaining what each might look like in action.



PROPOSED GUIDELINES FOR WORKING TOGETHER

- Participate actively
- Listen and ask questions
- Balance level of participation
- Start and end on time
- Do not smoke in sessions
- Turn cell phones off during session

Ask if there are any other guidelines the participants wish to suggest. Write any additional guidelines on a flipchart. Ask participants for agreement. Post the flipchart list on the wall along with the workshop objectives so that people can refer to them throughout the workshop.

6. LOGISTICS AND HOUSEKEEPING: 5 MINUTES

Review any logistics information such as start times, location of breakout space, and arrangements for coffee breaks, lunch, and dinner.

SLIDE PRESENTATION



USAID
FROM THE AMERICAN PEOPLE

Human Resources for Health Assessments: Data Collection Training

Health Systems 20/20



AMM Associates Inc.
in collaboration with:
Aga Khan Foundation - BeatingHeart
Ghana Associates - BRAC University
Grand Sierra Associates
Forum One Communications - RTI International
Training Resources Group
Tulane University's School of Public Health

2

Welcome Remarks

- We'll hear from:
 - MOH representative
 - USG representative
 - Team/Technical Leader

3

Session 1

Introduction to the Workshop

4

Introductions

- Please tell us:
 - Your name
 - Your full-time occupation
 - One thing you hope to learn in this workshop

5

Task: Getting Started

- Stand by the flipchart with the reason that best captures why there is an HR shortage in the health sector
- Share with your group why you chose this reason
- Be prepared to share the highlights of the discussion

You have 10 minutes

6

Workshop Purpose

Prepare the data collection teams to carry out the data collection step in the HRH assessment process

7

Workshop Objectives

- Understand the context and rationale for the HRH assessment
- Discuss the overall HRH assessment process
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- Develop a plan for field implementation
- Clarify the logistical issues related to field implementation

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Agenda

- Day 1
 - Introduction
 - Skill Practice
- Day 2
 - Field Practice
 - Develop Field Implementation Plans
 - Wrap-up and Next Steps

Proposed Guidelines for Working Together

- Participate actively
- Listen and ask questions
- Balance level of participation
- Start and end on time
- Do not smoke in sessions
- Turn cell phones off during the session

SESSION 2

CONTEXT AND RATIONALE FOR HRH ASSESSMENT

Goal:
Understand the
context and rationale
for the HRH
assessment

Total Duration:
50 Minutes

SESSION OVERVIEW

STEPS AND DURATION

1. Introduction: 10 minutes
2. Presentation – Context and Rationale for HRH Assessment: 15 minutes
3. Plenary Discussion: 15 minutes
4. Summary: 10 minutes

MATERIALS

- Participant Manual pages 5-8
- PowerPoint Slides 10-14

I. INTRODUCTION: 10 MINUTES

Introduce the goal of the session – to understand the context and rationale for the HRH Assessment.

Explain that the lack of qualified HRH has been identified as one of the major challenges in meeting the Millennium Development Goals (MDGs) and the targets of other programs such as the US President's Emergency Plan for AIDS Relief (PEPFAR) and that the HRH assessment is one important step in trying to address this challenge.

Refer participants back to the getting started activity in the previous session and remind them of the reasons behind the lack of qualified health personnel. Possible reasons include:

- Lack of incentives, especially to work in rural areas
- Emigration of trained personnel to developed countries
- Quality of training institutions
- Inadequate working conditions and access to supplies and equipment
- Lack of a human resources information system (HRIS)
- Poor supervision and management
- Lack of professional standards and licensing

Point out that the HRH assessment will not address the full range of issues related to the HRH shortage, such as how to hire and retain personnel and train them more effectively. Rather it will focus on the starting point – understanding the make-up of the current health sector workforce.

2. PRESENTATION – CONTEXT AND RATIONALE FOR HRH ASSESSMENT: 15 MINUTES

A. CONTEXT AND RATIONALE

Using PowerPoint, give a brief presentation that makes the following points:

- The HRH shortage is a problem across sub-Saharan Africa. It reflects social, political, and economic challenges in the region. Although lack of human resources is proving to be the major bottleneck to increasing people's access to health care services, little has been done to address the shortage. The issue needs to be considered in the context of the entire health sector.
- Programs like the MDGs and PEPFAR reinforce the importance of addressing the HRH shortage. Human resources are a critical component of achieving program targets – lack of HRH threatens achievement of the goals.
- The first step in reducing the HRH shortage is to get a clear picture of the current human resources situation in the public health sector – in effect, to carefully define the dimensions of the problem. The assessment gives the clear picture needed.

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Shortage of HRH in SSA

- HRH shortage is a common problem in sub-Saharan Africa
 - Shortage is a reflection of social, political, and economic challenges and recently becoming a crisis
 - Little is being done to address this issue although it is a critical component in reaching national/international health service targets such as MDG and PEPFAR goals
 - To reduce the shortage, a clear picture of the public health sector workforce must be determined

12

Shortage of HRH in SSA (cont.)

- HRH shortage is proving to be the major bottleneck to increasing access to services.
- Task
 - To plan on how to meet the MDGs and PEPFAR health sector targets, countries need to know the size, skills mix, distribution and attrition of the health sector workforce
- Model

$$\text{Number of doctors} = \frac{\text{Number of patients to be covered}}{\text{Number of patients a doctor can see}}$$
- Example: If one doctor can treat 800 ART patients in a year, and there are 600,000 patients who need treatment, then 750 doctors will be needed for ART alone

Note: If any figures are available in the assessment country from other studies or national government statistics, these should be briefly summarized.

B. OBJECTIVES OF THE ASSESSMENT

13

Assessment Objectives

- Quantify existing needs and project future need
- Determine the gap between what is needed and what is available
- Assess whether the country will reach certain international goals with existing HRH

The specific HRH assessment objectives are to:

- Quantify existing and project future HR needs
- Determine the gap between what is needed and what is available
- Assess whether the country will reach certain international goals with existing human resources

C. KEY QUESTIONS

The HRH assessment will address the following key questions:

14

Key Assessment Questions

- What is the current human resources situation?
- How much time is staff spending on HIV/AIDS, TB, malaria, maternal health, and child health?
- Will the country be able to reach national, MDG, and PEPFAR targets?

- What is the current HRH situation?
- How much time does staff spend on HIV/AIDS, tuberculosis (TB), malaria, maternal health, child health, and other services?
- Will the country be able to reach national, MDG, and PEPFAR targets?

3. PLENARY DISCUSSION: 15 MINUTES

Ask the following questions to the group:

- Are there any other contextual factors that have not been mentioned that contribute to the HRH shortage?
- What other programs have contributed to the HRH shortage in addition to PEPFAR?
- Why is it important in the data collection process to understand the context for the HRH assessment? (Note: Responses should include the following: 1) as data collectors, they need to be able to explain to the interviewees why the assessment is being conducted and 2) it will help them do a better job if they understand why they (are collecting the data.)

4. SUMMARY: 10 MINUTES

Ask the participants what they want to be sure to remember about the context and rationale for the HRH assessment.

Then ask them to jot down the key points they want to remember in the learning log for this session.

Say that the next session will be an overview of the HRH assessment process.

SLIDE PRESENTATION

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Session 2

Context and Rationale for HRH Assessments

11

Shortage of HRH in SSA

- HRH shortage is a common problem in sub-Saharan Africa
 - Shortage is a reflection of social, political, and economic challenges and recently becoming a crisis
 - Little is being done to address this issue although it is a critical component in reaching national/international health service targets such as MDG and PEPFAR goals
- To reduce the shortage, a clear picture of the public health sector workforce must be determined

12

Shortage of HRH in SSA (cont.)

- HRH shortage is proving to be the major bottleneck to increasing access to services.
- Task
 - To plan on how to meet the MDGs and PEPFAR health sector targets, countries need to know the size, skills mix, distribution and attrition of the health sector workforce
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Assessment Objectives

- Quantify existing needs and project future need
- Determine the gap between what is needed and what is available
- Assess whether the country will reach certain international goals with existing HRH

Key Assessment Questions

- What is the current human resources situation?
- How much time is staff spending on HIV/AIDS, TB, malaria, maternal health, and child health?
- Will the country be able to reach national, MDG, and PEPFAR targets?

SESSION 3

HRH ASSESSMENT PROCESS

Goal:
Discuss the overall
HRH assessment
process.
Describe the field
strategy for the
assessment.

Total Duration:
1 Hour

SESSION OVERVIEW

Steps and Duration

1. Introduction: 5 minutes
2. Presentation – HRH Assessment Process: 20 minutes
3. Plenary Discussion: 10 minutes
4. Interactive Presentation: 15 minutes
5. Summary: 10 minutes

Materials

- Participant Manual pages 9-16
- PowerPoint Slides 15-24

1. INTRODUCTION: 5 MINUTES

Ask the participants if they have ever participated in an HRH assessment. If so, ask for a few brief examples of the scope and nature of the assessment.

Say that this session will describe the specific HRH assessment process that will be used in this study. State that this process has been used in other countries including Cote d'Ivoire, Kenya, Nigeria, and Zambia, so the methodology is well developed.

Review the goals of the session – to understand the overall HRH assessment process and to describe the field strategy for the assessment.

2. PRESENTATION – HRH ASSESSMENT PROCESS: 20 MINUTES

A. ASSESSMENT PROCESS

Explain that the overall HRH assessment process has six steps:

Step 1: Specify the objectives of the assessment. As discussed in the previous session, the objectives typically are to quantify existing and project future need, determine the gap between what is needed and what is available, and assess whether the country will reach certain international goals with existing human resources.

Step 2: Decide which variables to focus on. Variables are usually quantitative, measuring the number or proportion of available health workers, where they are located, the type of skills they have, and the training they received.

Step 3: Design or modify the data collection instruments. The technical team has already prepared the data collection instrument; it will be reviewed later in the morning.

Step 4: Develop the sampling methodology. The technical team has also prepared the sampling methodology using random sampling techniques with a margin of error of plus or minus 5% at a 95% confidence level.

Step 5: Collect, enter, analyze, and disseminate. The focus of this workshop is on data collection. Once the data are collected, they are verified by supervisors to

Assessment Process

- Step 1: Specify the objectives of the assessment
- Step 2: Decide which variables to focus on
- Step 3: Design or modify the data collection instruments
- Step 4: Develop the sampling methodology
- Step 5: Collect, enter, analyze, and disseminate data
- Step 6: Develop an action plan

determine if there are any discrepancies, then the data are cleaned, and entered in a data set. After data entry, analysis and interpretation occurs. Findings are presented at the national level.

Step 6: Develop an action plan. The final step is the development of an action plan based on the findings.

Emphasize that these six steps represent the overall process and confirm that the participants are clear that the focus of this workshop is on the data collection described in Step 5. Also, say that Steps 1-4 were addressed prior to this workshop and that Step 6 will happen once findings are determined. Refer participants to pages 10-12 for a written explanation of the assessment process.

B. HRH ASSESSMENT COMPONENTS

Explain that the data collection instrument is addressed to the following entities:

- Levels of care
 - Tertiary – teaching and specialized hospitals
 - Secondary – regional hospitals
 - Primary – health centers and dispensaries
- Types of facility
 - Government
 - Mission / Faith-based condolences
- Key categories of staff
 - Doctors, nurses, laboratory technicians, pharmacists, radiographers, counselors, administrators, etc.



C. KEY SERVICE AREAS OF THE ASSESSMENT

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Assessment Service Areas

- HIV/AIDS
- Tuberculosis
- Malaria
- Child health
- Maternal health

The assessment will focus on the following elements, each of which has a section in the data collection instrument:

- HIV/AIDS
- TB
- Malaria
- Maternal health
- Child health

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General Assessment Questions

- What type and number of staff work on which service?
- How long do staff spend per patient per service?
- How many days per week and per year are services provided?
- What services are provided?
- How many people are covered?

D. GENERAL ASSESSMENT QUERIES

The instrument will collect data on the following general questions:

- What type and number of staff work on which service?
- How long do staff spend per patient per service?
- How many days per week are services provided?
- What services are provided?
- How many people are covered?

20

Expected Assessment Products

- Completed data forms
- Comprehensive and high-quality data
- Properly cleaned data set
- Comprehensive report with findings that accurately reflect the current HRH situation

E. EXPECTED PRODUCTS

There are four overall products that will result from the assessment.

- Completed data collection forms
- Comprehensive and high quality data
- Properly cleaned data set
- Comprehensive report with findings that accurately reflect the current HR situation

At the data collection stage, we are focused on the first two of these products. Explain the process for cleaning and entering the data and how the report will be produced.

3. PLENARY DISCUSSION: 10 MINUTES

Conduct a brief plenary discussion on the presentation to ensure that the participants understand the overall parameters of the assessment.

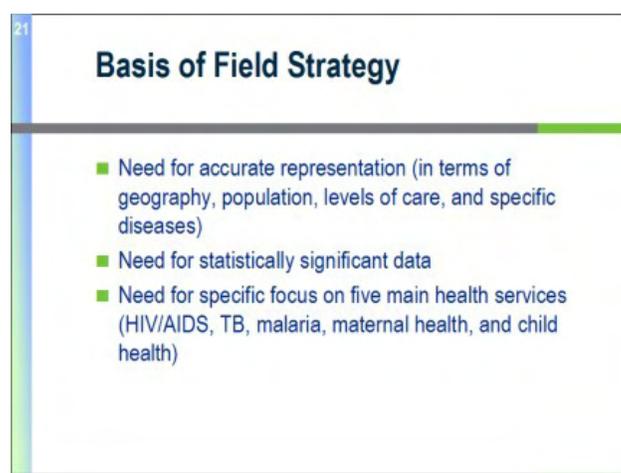
Ask the participants what they think the main challenges will be in conducting this assessment.

4. INTERACTIVE PRESENTATION - FIELD STRATEGY: 15 MINUTES

Present an overview of the field strategy for the assessment using PowerPoint.

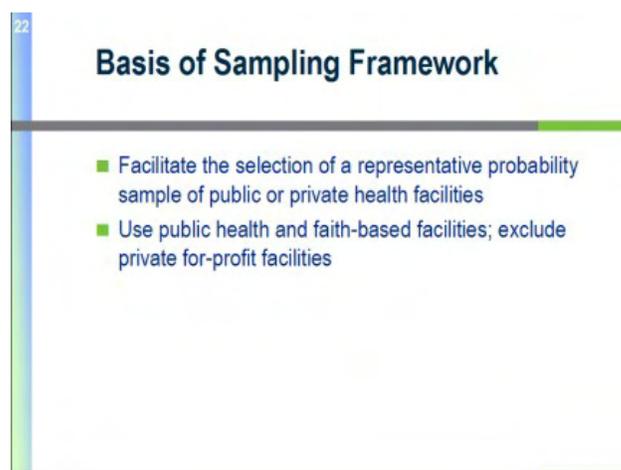
The following points form the basis of the field strategy:

- Need for accurate representation (in terms of geography, population, levels of care, and specific diseases)
- Need for statistically significant data
- Need for specific focus on five main health services (HIV/AIDS, TB, malaria, child health, and maternal health)



The following points form the basis of the sampling framework:

- Facilitate the selection of a representative probability sample of public or private health facilities
- Use public or private facility list as appropriate



Hand out the list of facilities selected and explain how the following selection criteria were applied:

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Examining the Facility List

- Large facilities are selected from the pool of public and faith-based facilities
- Remaining facilities are sorted by type and geography
- Number of facilities is selected based on population size of area

1. Large facilities are selected from the pool of public and faith-based facilities.

2. Remaining facilities are sorted by type and location.

3. Number of facilities was selected based on population size of area, total number of facilities, etc.

Ask participants if they have any questions on how the facilities have been selected.

Say that the field strategy will be implemented over a two-week period and will include:

- Data from public hospitals, health centers, and dispensaries
- Data at the national level from the Ministry of Health. Data come mainly from published reports and the national health management information system.¹

Then share the following illustrative timeline. *(The dates are illustrative, only meant to show the duration of the steps in relation to one another.)* Refer participants to page 14 in the participant manual.

Training of data collectors	April 20-21 (2 days)
Data collection	April 24-May 5 (2 weeks)
Data entry	May 1-12 (runs concurrently with 2 nd week of data collection)
Data analysis	May 15-June 15 (<1 month)
Report writing	June (1 month)

Be sure to point out who is responsible for each step.

¹ Documents include the human resource plan, annual HRH reports, HMIS summary reports and human resource policy and strategy

5. SUMMARY: 10 MINUTES

Ask the participants the following questions in plenary:

- What have you learned about the HRH assessment process that you want to be sure to remember?
- How will these lessons learned affect the data collection you are about to do?

Then ask the participants to capture these key lessons in their learning logs.

Make a transition to the next session on the data collection instrument.

SLIDE PRESENTATION

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Session 3

HRH Assessment Process

16

Assessment Process

- Step 1: Specify the objectives of the assessment
- Step 2: Decide which variables to focus on
- Step 3: Design or modify the data collection instruments
- Step 4: Develop the sampling methodology
- Step 5: Collect, enter, analyze, and disseminate data
- Step 6: Develop an action plan

17

Assessment Components

- Levels of Care
 - Tertiary – Teaching and specialized Hospitals
 - Secondary – Regional hospitals
 - Primary – Health centers and dispensaries
- Types of Facility
 - Government
 - Mission / Faith-based
- Cadres of Staff
 - Doctors, nurses, laboratory technicians, pharmacists, radiographers, counselors, administrators, etc.

18

Assessment Service Areas

- HIV/AIDS
- Tuberculosis
- Malaria
- Child health
- Maternal health

19

General Assessment Questions

- What type and number of staff work on which service?
- How long do staff spend per patient per service?
- How many days per week and per year are services provided?
- What services are provided?
- How many people are covered?

20

Expected Assessment Products

- Completed data forms
- Comprehensive and high-quality data
- Properly cleaned data set
- Comprehensive report with findings that accurately reflect the current HRH situation

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Basis of Field Strategy

- Need for accurate representation (in terms of geography, population, levels of care, and specific diseases)
- Need for statistically significant data
- Need for specific focus on five main health services (HIV/AIDS, TB, malaria, maternal health, and child health)

22

Basis of Sampling Framework

- Facilitate the selection of a representative probability sample of public or private health facilities
- Use public health and faith-based facilities; exclude private for-profit facilities

23

Examining the Facility List

- Large facilities are selected from the pool of public and faith-based facilities
- Remaining facilities are sorted by type and geography
- Number of facilities is selected based on population size of area

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Illustrative Timeline

- Training of data collectors (April 20-21)
- Data collection (April 24-May 5)
- Data entry (May 1-12, concurrent with 2nd week of data collection)
- Data analysis (May 15-June 15)
- Report writing (June)

SESSION 4

DATA COLLECTION INSTRUMENT

Goal:
Become familiar
with the data
collection instrument.

SESSION OVERVIEW

STEPS AND DURATION

1. Introduction: 5 minutes
2. Presentation – Overview of Instrument: 15 minutes
3. Individual Task: 15 minutes
4. Plenary Discussion: 20 minutes
5. Summary: 5 minutes

Materials

Participant Manual: pages 17-50

PowerPoint Slides: 25-36

Total Duration:
1 Hour

1. INTRODUCTION: 5 MINUTES

Tell participants that the objective of this session is to become familiar with the data collection instrument. Ask if any of the participants have had previous experience in collecting interview data with a highly structured instrument. If so, ask the participants to briefly describe some examples.

2. OVERVIEW OF DATA COLLECTION INSTRUMENT

Provide an overview of the instrument by explaining the following:

A. ORGANIZATION OF THE INSTRUMENT

- Facility identification information
- Human resources status

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Organization of the Instrument

- Facility identification information
- Human resources status
- Type of services provided in this facility
- HIV/AIDS services
- TB services
- Malaria services

- Type of services provided in this facility
- HIV/AIDS services
- TB services
- Malaria services
- Maternal health services
- Family planning services
- Child health services
- Addendum
- Acronyms and definitions

27

Organization of the Instrument (cont.)

- Maternal health services
- Family planning services
- Child health services
- Addendum
- Acronyms and Definitions

B. TYPE OF DATA TO BE COLLECTED

- Number of health workers by staff type
- Reasons why health workers leave a facility – important for calculating attrition rates
- Types of health services provided by the facility, related to:
 - HIV/AIDS
 - TB
 - Malaria
 - Maternal health
 - Family planning
 - Child health
- Number of patients seen in a facility for each service
- Time health workers spend per patient: current and ideal number of minutes

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Type of Data to be Collected

- Number of health workers by staff type
- Reasons why health workers leave a facility
- Types of health services provided to a facility, related to:
 - HIV/AIDS
 - TB
 - Malaria
 - Family planning
 - Maternal and child health

29

Type of Data to be Collected (cont.)

- Number of patients seen in a facility for each service
- Time health workers spend per patient: current and ideal number of minutes

C. INSTRUCTIONS FOR DATA COLLECTION

- Key points for data collectors to keep in mind:

- We need accurate and reasonable data.

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Instructions for Data Collection

- Key points to keep in mind
 - We need accurate and reasonable data
 - Incorrectly filled questionnaires will not be accepted. Concerned data collector will be sent back to facility to rectify the mistakes
 - Don't leave the questionnaire for the respondent to complete. Only you should fill in the information

- Incorrectly filled data instruments will not be accepted. Concerned data collector will be sent back to facility to rectify the mistakes.

- The data instrument cannot be left with respondent for him/her to complete. Only you should fill in the information.

- Supervisor signature is required for each survey.

- Validity of data collected will depend mainly on interviewing skills.

- Identify the right people in the facility to answer each group of questions.

31

Instruction for Data Collection (cont.)

- More key points to keep in mind
 - Supervisor signature is required for each survey
 - Validity of data collected will depend mainly on interviewing skills
 - Identify the right people in the facility to answer each group of questions

3. INDIVIDUAL TIME TO REVIEW THE INSTRUMENT: 15 MINUTES

The instrument is found in Annex B of the Trainer’s Manual.

Give the following individual task. Refer participants to the instrument on pages 20-48 in the participant manual.

**TASK: REVIEW DATA COLLECTION INSTRUMENT:
TAKE 15 MINUTES**

Individually, read the health facility questionnaire, noting its organization and the questions that are asked. Note down any questions you have about the instrument.

4. PLENARY DISCUSSION: 20 MINUTES

First, respond to individual participants questions.

Then make the following specific comments about the questions in the instrument:

- Questions 1-4
 - If data are not available or not collected, put 9999 with a brief explanation in the “Notes” of the reasons why the data were not collected.
 - If this staff type is not available in this facility, put 0 for the number of staff.
- Questions 7, 14, 16, 19
 - If data are not available or not collected, put 9999 with a brief explanation in the “Notes” of the reasons why the data were not collected.
 - If this service is not provided in this facility, put 0 for the number of patients in the last three months.

32

Task: Review Instrument

Individually,

- Read the health facility questionnaire, noting its organization and the questions that are asked
- Note down any questions you have about the instrument

Take 15 minutes

33

Questionnaire Discussion

- Questions 1-4
 - If data are not available or not collected, put “9999” with a brief explanation in the “Notes” of the reasons why the data were not collected
 - If this staff type is not available in this facility, put “0” for the number of staff

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Questionnaire Discussion (cont.)

- Questions 7, 14, 16, 19
 - If data are not available or not collected, put “9999” with a brief explanation in the “Notes” of the reasons why the data were not collected
 - If this service is not provided in this facility, put “0” for the number of patients in the last 3 months

- Questions 8, 9, 10

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Questionnaire Discussion (cont.)

- Questions 8, 9, 10
 - If the staff type is not providing the service or not available in this facility, put "0" for the number of minutes per patient

- If the staff type is not providing the service or not available in this facility, put 0 for the number of minutes per patient.

- For the tables where the number of minutes per patient needs to be recorded:

- Enter numbers only, not text; for example write "15" and not "15 mins."

- Round time to the

nearest minute; for example write "9" instead of "8.5."

- Enter only one number, not a range. If respondent gives you a range, write down the mid-point. For example, if they say 5-10 minutes, write "8."

- Note that time per patient needs to be recorded.

36

Questionnaire Discussion (cont.)

- For the tables where the number of minutes per patient needs to be recorded:
 - Enter numbers only, not text; for example write "15" and not "15 minutes"
 - Round time to the nearest minutes; for example write "9" instead of "8.5"
 - Enter only one number, not a range. If respondent gives you a range, write down the mid-point. For example, if they say 5-10 minutes, write "8"
 - Note that time per patient needs to be recorded

5. SUMMARY: 5 MINUTES

Ask participants the following questions:

- What are the most important points you want to remember about the data collection instrument?

Ask the participants to write down the key points they want to remember in their learning logs.

Make a transition to the next session on interviewing skills.

SLIDE PRESENTATION

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Session 4

Data Collection Instrument

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Organization of the Instrument

- Facility identification information
- Human resources status
- Type of services provided in this facility
- HIV/AIDS services
- TB services
- Malaria services

27

Organization of the Instrument (cont.)

- Maternal health services
- Family planning services
- Child health services
- Addendum
- Acronyms and Definitions

28

Type of Data to be Collected

- Number of health workers by staff type
- Reasons why health workers leave a facility
- Types of health services provided to a facility, related to:
 - HIV/AIDS
 - TB
 - Malaria
 - Family planning
 - Maternal and child health

29

Type of Data to be Collected (cont.)

- Number of patients seen in a facility for each service
- Time health workers spend per patient: current and ideal number of minutes

30

Instructions for Data Collection

- Key points to keep in mind
 - We need accurate and reasonable data
 - Incorrectly filled questionnaires will not be accepted. Concerned data collector will be sent back to facility to rectify the mistakes
 - Don't leave the questionnaire for the respondent to complete. Only you should fill in the information

31

Instruction for Data Collection (cont.)

- More key points to keep in mind
 - Supervisor signature is required for each survey
 - Validity of data collected will depend mainly on interviewing skills
 - Identify the right people in the facility to answer each group of questions

32

Task: Review Instrument

Individually,

- Read the health facility questionnaire, noting its organization and the questions that are asked
- Note down any questions you have about the instrument

Take 15 minutes

33

Questionnaire Discussion

- Questions 1-4
 - If data are not available or not collected, put “9999” with a brief explanation in the “Notes” of the reasons why the data were not collected
 - If this staff type is not available in this facility, put “0” for the number of staff

34

Questionnaire Discussion (cont.)

- Questions 7, 14, 16, 19
 - If data are not available or not collected, put “9999” with a brief explanation in the “Notes” of the reasons why the data were not collected
 - If this service is not provided in this facility, put “0” for the number of patients in the last 3 months

35

Questionnaire Discussion (cont.)

- Questions 8, 9, 10
 - If the staff type is not providing the service or not available in this facility, put “0” for the number of minutes per patient

36

Questionnaire Discussion (cont.)

- For the tables where the number of minutes per patient needs to be recorded:
 - Enter numbers only, not text; for example write “15” and not “15 minutes”
 - Round time to the nearest minutes; for example write “9” instead of “8.5”
 - Enter only one number, not a range. If respondent gives you a range, write down the mid-point. For example, if they say 5-10 minutes, write “8”
 - Note that time per patient needs to be recorded

SESSION 5

SKILL PRACTICE

Goal:
Practice skills
required to use the
instrument effectively.
Become familiar with
the data collection
instrument

Total Duration:
3 Hours & 10 Minutes

SESSION OVERVIEW

STEPS AND DURATION

1. Introduction: 10 minutes
2. Presentation – Interviewing Skills: 20 minutes
3. Demonstration: 30 minutes
4. Skill Practice: 100 minutes
5. Plenary Discussion: 20 minutes
6. Summary: 10 minutes

MATERIALS

- Participant Manual pages 51-56
- PowerPoint Slides 37-41

1. INTRODUCTION: 5 MINUTES

Review the goal of the session – to practice skills required to use the data collection instrument effectively and to continue to become familiar with the instrument. Note that tomorrow morning's session will provide additional practice in the facility setting.

Ask the participants what they think they need to do to use the instrument effectively.

Take a few responses. Explain to participants that they will have the opportunity in this session to “try out” and practice using the instrument in a mock interview setting.

2. PRESENTATION - INTERVIEWING SKILLS: 20 MINUTES

Refer participants to the sheet on interviewing tips and techniques (page 51-52 in the participant's manual), and discuss each point.

INTERVIEWING TIPS AND TECHNIQUES

- Establish a rapport with the person you are interviewing — this is a FRIENDLY interview. Be courteous. Give your name. Thank him/her for agreeing to spend this time with you.

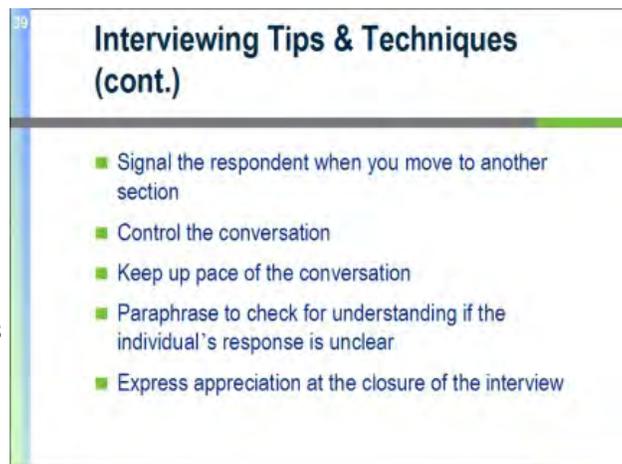
38

Interviewing Tips & Techniques

- Establish a rapport with the person you are interviewing
- Explain the purpose of the interview
- Be patient. Listen to what the person says, help him/her give you the correct answer, but do not make assumptions or answer for the person
- Question responses that are outside of expected answers

- Explain the purpose of the interview. Let him/her know how much time you expect to need (e.g., “This will be a 90-minute conversation”).
- Be patient. Listen to what the person says, help him/her give you the correct answer, but do not make assumptions or answer for the person. Accept the response, as long as it is within the range of expected answers.
- Question responses that are outside of expected answers. Note the reason for deviation from the normal response.
- Signal the respondent when you move to another section (e.g., “We are now turning to the next section of the interview”).

- Control the conversation. A little small talk is okay, but do not let it take up too much time or the interview will go on too long. Stick to the questions in the data instrument. Answer the interviewee's questions, but try to stick to the topic. Limit participation from third parties.
- Keep up pace of the conversation; do not get bogged down on one question. Move on and come back to a question if you have to.
- Paraphrase to check for understanding if the individual's response is unclear.
- Express appreciation at the closure of the interview; explain briefly again what happens with the data collected.



Respond to individual questions as you walk the participants through the interviewing tips and techniques sheet.

Ask them which categories or specific questions in the instrument they anticipate having problems with. Ask for suggestions on how they might re-phrase a question or check for understanding.

3. DEMONSTRATION: 30 MINUTES

Explain that you will now model an interview. Refer to the observer's sheet (page 53-54 in the participant's manual) and announce that participants will observe the interview and make notes in response to each question on the observer's sheet.

Place two chairs in the front of the room, and ask one person to take the role of the interviewee. This could be the co-trainer or one of the participants.

Conduct the "demonstration interview" for approximately 10-12 minutes. The focus of the demonstration should be on modeling good interviewing skills.

Debrief the demonstration by asking participants to share their responses to the questions on the observer's sheet (included in the participant manual). Take a few responses for each of the five questions:

1. What did the “interviewer” say at the beginning of the interview? Did that set the right tone for the interview?
2. During the interview, how clearly stated was each question? Were the follow-up questions clear?
3. In summary, what did the interviewer do that was effective?
4. What are 1-2 specific things the “interviewer” could improve upon?
5. What are 1-2 things the interviewee had trouble with?

4. SKILL PRACTICE: 100 MINUTES

Tell the participants which teams they will be on for their field work. As mentioned, each team will have one supervisor and four data collectors.

Then divide the participants into groups of three. To the extent possible, the trios should be formed from the field teams. In all cases, supervisors should work with two of their team members so they can become familiar with their strengths and weaknesses.

Set up the trio practice by saying that each person will take turns being the “interviewer,” the “respondent,” and the “observer.”

Remind the participants that there are two objectives to this practice: to develop interviewing skills, and to become more familiar with the specific questions in the instrument.

Say that when they are the respondent they should not be too difficult! But it is okay to pretend once in a while that you do not understand a question the first time in order to give the interviewer a chance to practice explaining the question.

Explain that each round will be 30 minutes, for a total of 90 minutes.

Pass out additional observer’s sheets.

Explain the task:

TRIO PRACTICE TASK – DATA COLLECTION INTERVIEWS

The first “interviewer” will cover approximately the first third of the instrument.

Each practice round is 30 minutes:

20 minutes to practice interviewing the “respondent”

10 minutes to get feedback from the “observer” and discuss the feedback

Repeat for second “interviewer,” who will begin the practice where first “interviewer” stopped (approximately the middle third of the instrument)

Repeat for third “interviewer,” who will begin the practice where second “interviewer” stopped (approximately the final third of the instrument)

Before the trios begin practicing, pass out a copy of the completed data collection instrument to each participant. It should be used by each “respondent” to answer the questions in the practice interview.

Note: The completed data collection instrument is in the participant manual.

5. PLENARY DISCUSSION – DEBRIEF OF THE PRACTICE: 20 MINUTES

First, discuss the interview process by asking the “interviewers” the following:

- What positive feedback did you get from the “observer”?
- What suggestions for improvement did you get?

Discuss the responses and additional “do’s and don’ts” that surface.

Ask participants if they experienced any difficulties with particular sections of the instrument or with specific questions.

- Which questions were easy to administer and why?
- Which questions were difficult to administer and why?

6. SUMMARY: 10 MINUTES

Ask the participants the following questions in plenary:

- What have you learned about using the instrument that you want to be sure to remember?
- What do you want to remember to do differently or better when you conduct the interviews?

Then ask the participants to capture these key lessons in their learning logs.

Make a transition to the next session on field practice. Go over any pertinent logistical information about the field practice.

SLIDE PRESENTATION

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Session 5

Skill Practice

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Interviewing Tips & Techniques

- Establish a rapport with the person you are interviewing
- Explain the purpose of the interview
- Be patient. Listen to what the person says, help him/her give you the correct answer, but do not make assumptions or answer for the person
- Question responses that are outside of expected answers

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Interviewing Tips & Techniques (cont.)

- Signal the respondent when you move to another section
- Control the conversation
- Keep up pace of the conversation
- Paraphrase to check for understanding if the individual's response is unclear
- Express appreciation at the closure of the interview

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Task: Trio Practice – Data Collection Interviews

- The first “interviewer” will cover approximately the first third of the instrument
- Each practice round is 30 minutes:
 - 20 minutes to practice interviewing the “respondent”
 - 10 minutes to get feedback from the “observer” and discuss the feedback

Task: Trio Practice – Data Collection Interviews (cont.)

- Repeat for second “interviewer,” who will begin the practice where first “interviewer” stopped (approximately the middle third of the instrument)
- Repeat for third “interviewer,” who will begin the practice where second “interviewer” stopped (approximately the final third of the instrument)

SESSION 6

FIELD PRACTICE

Goal:
Practice skills
required to use the
instrument effectively

SESSION OVERVIEW

STEPS AND DURATION

1. Introduction: 5 minutes
2. Preparing for Field Practice: 20 minutes
3. Travel to Facilities: 15 minutes
4. Hospital Practice: 90 minutes
5. Travel to Clinic: 10 minutes
6. Clinic Practice: 45 minutes
7. Travel Back to Workshop: 10 minutes
8. Debriefing: 30 minutes
9. Summary: 15 minutes

MATERIALS

- Participant Manual pages 57-58
- PowerPoint Slides 42-45

Total Duration:
4 Hours

1. INTRODUCTION: 5 MINUTES

Tell participants that we are continuing to work on the same goal as the last session – to practice skills required to use the data collection instrument effectively. In this session, however, we will have the opportunity to practice and observe how the instrument is used in a real life situation. Say that we will be using the instrument in two settings – a hospital and a nearby clinic.

Ask if anyone has additional questions about the instrument or the practice they experienced in yesterday afternoon's session.

2. PREPARING FOR THE FIELD PRACTICE: 20 MINUTES

Provide an overview of the field practice. Explain the following:

- 7-8 participants will have the opportunity to conduct the field practice interviews, and the other participants will be observers.

- Hospital practice:

- We will spend 90 minutes at the hospital.
- The actual interview will last 75 minutes.
- Select the 4-5 people (one from each of the data collection teams) to conduct the hospital interview, in the order they will be interviewing.
- Assign specific questions to each interviewer.

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Field Practice: Overview

- 7-8 participants will have the opportunity to conduct the field practice interviews, and the other participants will be observers
- Hospital practice
 - We will spend 90 minutes at the hospital
 - Interview will take 75 minutes
 - Names of the 4-5 people who will conduct the hospital interview, in the order they will be interviewing
 - Assign specific questions to each interviewer

- Health center or clinic practice:
 - We will spend 45 minutes at the clinic.
 - The actual interview will last 40 minutes.
 - Select the 2-3 people (each from different data collection teams) to conduct the hospital interview, in the order they will be interviewing.
 - Assign specific questions to each interviewer.
- Guidelines for the “observers”:

 - As you observe the interviews, take notes using the five questions on the observer’s sheet from the skill practice in the last session.

Take questions from participants, and provide additional information about the hospital and the clinic – who will be interviewed, etc.

Go over logistical information about travel from the workshop site to the hospital and clinic.

3. TRAVEL TO THE HOSPITAL: 15 MINUTES

4. HOSPITAL PRACTICE: 90 MINUTES

Introduce the participants to the hospital health care worker who will be interviewed.

Explain to the respondent the mechanics of the sequential 4-5 “interviewers,” and point out who they are. Say that you will be the timekeeper and help with the transition from one “interviewer” to the next.

Proceed with the interview.

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Field Practice – Overview (cont.)

- Health Center/Clinic Practice
 - We will spend 45 minutes at the clinic
 - Interview will take 40 minutes
 - Names of the 2-3 people who will be conducting the hospital interview, in the order they will be interviewing
 - Assign specific questions to each interviewer

45

Field Practice – Overview (cont.)

- Guidelines for “observers”
 - Take notes as you observe the interviews, using the four questions on the Observer’s Sheet from the skill practice in the last session

5. TRAVEL TO THE CLINIC: 10 MINUTES

6. CLINIC PRACTICE: 45 MINUTES

Introduce the participants to the clinic health care worker who will be interviewed, and briefly review the mechanics of the sequential 2-3 “interviewers,” noting who they are and saying that you will be helping with the transition from one “interviewer” to the next.

7. TRAVEL BACK TO WORKSHOP SITE: 10 MINUTES

8. DEBRIEFING: 30 MINUTES

Debrief the “interviewers” first by asking:

- What did you find challenging or surprising?
- What one thing would you do differently next time?

Then debrief the observers by asking the following:

- What positive feedback do you have for the “interviewers”?
- What suggestions for improvement did you note?
- What similarities and differences did you see in the interview at the hospital versus the interview at the clinic?
- What difficulties did you observe with particular sections of the instrument or with specific questions?

9. SUMMARY: 15 MINUTES

Ask the participants the following questions in plenary:

- What insights did you gain today about using the instrument that you want to be sure to remember?
- What interview technique(s) do you especially want to apply when you conduct interviews?

Ask the participants to capture these key lessons in their learning logs.

Make a transition to the next session on developing a field implementation plan.

SLIDE PRESENTATION

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Session 6

Field Practice

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Field Practice: Overview

- 7-8 participants will have the opportunity to conduct the field practice interviews, and the other participants will be observers
- Hospital practice
 - We will spend 90 minutes at the hospital
 - Interview will take 75 minutes
 - Names of the 4-5 people who will conduct the hospital interview, in the order they will be interviewing
 - Assign specific questions to each interviewer

44

Field Practice – Overview (cont.)

- Health Center/Clinic Practice
 - We will spend 45 minutes at the clinic
 - Interview will take 40 minutes
 - Names of the 2-3 people who will be conducting the hospital interview, in the order they will be interviewing
 - Assign specific questions to each interviewer

45

Field Practice – Overview (cont.)

- Guidelines for “observers”
 - Take notes as you observe the interviews, using the four questions on the Observer’s Sheet from the skill practice in the last session

SESSION 7

DEVELOPING A FIELD IMPLEMENTATION PLAN

Goal:
Develop a plan for field implementation.
Clarify the logistical issues related to field implementation.

Total Duration:
2 Hours

SESSION OVERVIEW

Steps and Duration

1. Introduction: 5 minutes
2. Roles and Responsibilities: 15 minutes
3. Presentation: Field Implementation: 20 minutes
4. Field Planning: 70 minutes
5. Wrap-up: 10 minutes

MATERIALS

- Participant Manual pages 59-64
- PowerPoint Slides 46-52

1. INTRODUCTION: 5 MINUTES

State that the goals of the session are to develop a plan for field implementation and to clarify all logistical issues. Explain that at the end of this session a schedule of facilities to visit with assignments to specific team members will be produced. Mention that tomorrow will also be available to make final preparations before the team departs on Sunday.

2. ROLES AND RESPONSIBILITIES: 15 MINUTES

Refer participants to organigram, the reporting and communication structure for data collection, and the sheet on roles and responsibilities of data collection team members

on pages 60-61 in the participant's manual. Walk the participants through the structure. Explain the roles of the following:

- Team Leader – has overall responsibility for the HRH assessment
- Technical Leader – reports to the team leader and responsible for direct supervisions of data collection teams and liaises with the client(s)
- Field Supervisor – supervises four data collection team members and reports to technical leader
- Data Collectors – collect data in facilities using data collection instrument
- Data Entry Clerks – enter data collected

Ask participants if they have any questions about their individual roles and responsibilities.



3. PRESENTATION - OVERVIEW OF FIELD IMPLEMENTATION PLAN: 20 MINUTES

Provide an overview of the field implementation plan (see page 62 of the participant’s manual).

- Schedule for next two weeks.
 - Departure – Sunday (so interviews can begin on Monday)
 - Interviews – Monday-Friday of Week 1
 - Interviews – Monday-Thursday of Week 2
 - Return to the capital – Friday

- Remind participants which data collection teams they are assigned to.

- Pass out the list of facilities assigned to each team. Tell the teams that in the next activity, they will be asked to develop a schedule to visit each facility. The supervisors will be responsible for notifying the facilities when they will be visited to ensure staff availability.

- General guidelines for conducting interviews. Working in sub-teams of two,

- Start with the provincial hospital: interviews will take two members one full day.
- Then visit the district hospitals: interviews will take two team members a half day.
- Then visit the clinics: interviews will take one person about two hours.

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Schedule

- Departure – Sunday (so interviews can begin on Monday)
- Interviews – Monday-Friday of Week 1
- Interviews – Monday-Thursday of Week 2
- Return to the capital – Friday

Note: This facility assignment list must be prepared before the workshop.

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General Guidelines for Work Plan

- Start with the provincial hospital – Interviews will take two members one full day
- Visit the district hospitals – Interviews will take two team members a half day
- Visit the clinics – Interviews will take one person about two hours

- Explain the logistic arrangements.
Explain how the following will be handled:
 - Transportation (whether vehicles will be rented or public transportation will be used)
 - Lodging when in the field
 - Per diem
 - Communications (cell phones)
 - Copies of survey instruments
 - Copies of letters of introduction to the facilities

Note: Logistic arrangements will vary from country to country.

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Logistical Arrangements

- Transportation (whether vehicles will be rented or public transportation will be used)
- Lodging when in the field
- Per diem
- Communications (cell phones)
- Copies of survey instruments
- Copies of letters of introduction to the facilities

4. FIELD PLANNING: 70 MINUTES

52

Task: Developing Field Implementation Plan

In your data collection teams,

- Develop a schedule of visits to the facilities that follow the general guidelines.
- Assign specific team members to facilities
- Plan for the supervisor to observe the teams interviewing for the first two days.
- Make agreements on when the sub-teams will communicate with the supervisor on how things are going.
- Develop a list of administrative and logistic items that must be completed prior to traveling to the field.

You have 65 minutes.

Tell the participants that they will have the next hour to develop a specific plan for the next two weeks including a schedule of visits to the facilities.

Ask the participants to work in their data collection teams and give the following task:

TASK: DEVELOP FIELD IMPLEMENTATION PLAN

In your data collection teams,

- Develop a schedule of visits to the facilities that follow the general guidelines. Use the attached format to develop this schedule.
 - Assign specific team members to facilities.
 - Plan for the supervisor to observe the teams interviewing for the first two days.
 - Make agreements on when the sub-teams will communicate with the supervisor on how things are going.
 - Develop a list of administrative and logistic items that must be completed prior to traveling to the field..
- Take 65 minutes

5. WRAP-UP: 10 MINUTES

Ask the participants if they encountered any difficulties in developing their field implementation plans.

Ask what agreements they made about communicating with the supervisors. Tell the supervisors how often you would like them to communicate with you as technical leader.

Finally, ask the supervisors to make copies of the schedule of visits so the technical leader has a complete set.

Transition to the final session.

SLIDE PRESENTATION

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Session 7

Developing a Field Implementation Plan



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Reporting Structure - Roles

- Team Leader – Overall responsibility for the HRH assessment
- Technical Leader – Reports to the team leader and responsible for direct supervisions of data collection teams
- Field Supervisors – Supervise four data collection team members and reports to technical leader
- Data Collectors – Collect data in facilities using questionnaire
- Data Entry Clerks – Enter data after they are collected

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Schedule

- Departure – Sunday (so interviews can begin on Monday)
- Interviews – Monday-Friday of Week 1
- Interviews – Monday-Thursday of Week 2
- Return to the capital – Friday

50

General Guidelines for Work Plan

- Start with the provincial hospital – Interviews will take two members one full day
- Visit the district hospitals – Interviews will take two team members a half day
- Visit the clinics – Interviews will take one person about two hours

51

Logistical Arrangements

- Transportation (whether vehicles will be rented or public transportation will be used)
- Lodging when in the field
- Per diem
- Communications (cell phones)
- Copies of survey instruments
- Copies of letters of introduction to the facilities

Task: Developing Field Implementation Plan

In your data collection teams,

- Develop a schedule of visits to the facilities that follow the general guidelines.
- Assign specific team members to facilities
- Plan for the supervisor to observe the teams interviewing for the first two days.
- Make agreements on when the sub-teams will communicate with the supervisor on how things are going.
- Develop a list of administrative and logistic items that must be completed prior to traveling to the field.

You have 65 minutes.

SESSION 8

WRAP-UP AND NEXT STEPS

Goal:
Close the workshop

SESSION OVERVIEW

STEPS AND DURATION

1. Introduction: 2 minutes
2. Review of Next Steps: 10 minutes
3. Workshop Evaluation: 20 minutes
4. Closure: 5 minutes

MATERIALS

- Participant Manual pages 65-68
- PowerPoint Slides 53-56

Total Duration:
35 Minutes

1. INTRODUCTION: 2 MINUTES

Explain that this session will be the last one in the workshop. Say that the purpose is to do a brief evaluation and close the workshop.

2. NEXT STEPS: 10 MINUTES

Give the following overall reminders:

- Confirm the geographic coverage of each team
- Recognize the timeline for completion

54

Conclusions/Reminders

- Confirming the geographic coverage of each team
- Recognize timeline for completion
- Review the reporting structure
- Compensation guidelines
 - Remember: Salary is commensurate with quality of work

- Review the reporting structure
- Review the compensation guidelines. Remember: salary will be commensurate with quality of work

Remind the participants of the immediate next steps. The day after the workshop is usually used for final preparations including finalization of travel arrangements making sure each team has adequate copies of the data collection instrument. Review these next steps so that everyone understands.

3. WORKSHOP EVALUATION: 20 MINUTES

Go around the room and ask each participant to say briefly what they have most appreciated about the workshop.

Then refer participants to the evaluation forms on pages 66-68 of their participant

manual and encourage them to write comments that will explain their ratings.

55

Closing Remarks

- We will be pleased to hear from:
 - MOH representative
 - Team/Technical leader

4. CLOSURE: 5 MINUTES

Trainers should thank the participants for their efforts and encourage the application of what they have learned over the next two weeks.

SLIDE PRESENTATION

53

Session 8

Wrap-up and Next Steps

54

Conclusions/Reminders

- Confirming the geographic coverage of each team
- Recognize timeline for completion
- Review the reporting structure
- Compensation guidelines
 - Remember: Salary is commensurate with quality of work

55

Closing Remarks

- We will be pleased to hear from:
 - MOH representative
 - Team/Technical leader

ANNEX A. THE EXPERIENTIAL APPROACH TO TRAINING ¹

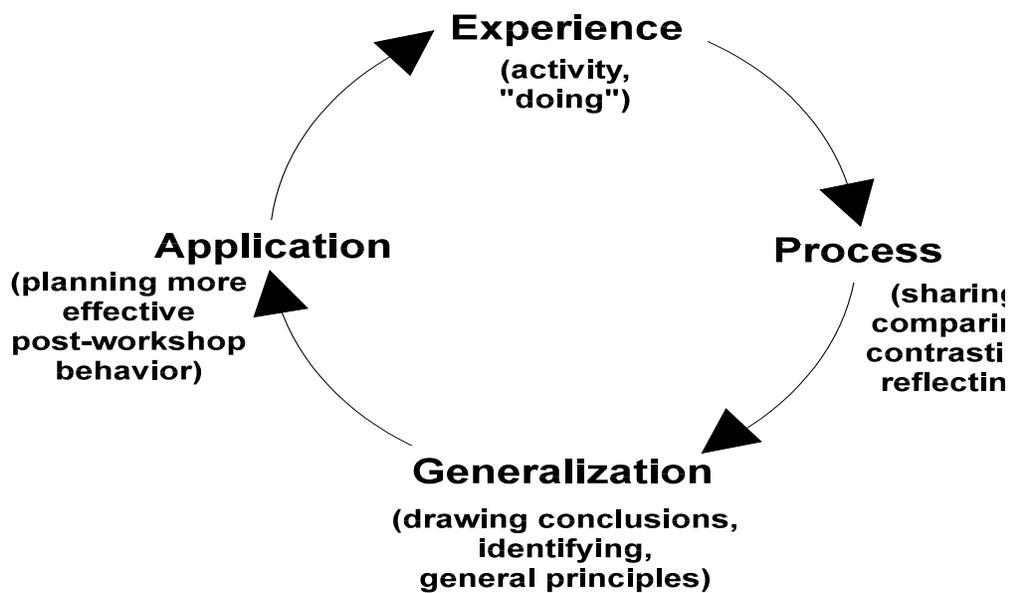
By: James A. McCaffery

Introduction

Experiential learning is exactly what the name implies – learning from experience. The experiential approach is learner centered and allows the individual trainees to manage and share responsibility for their own learning with their teachers. Effective training strategies which incorporate experiential learning approaches provide opportunities for a person to engage in an activity, review this activity critically, abstract some useful insight from the analysis, and apply the result in a practical situation. (Gudykunst and Hammer, 1983, provide a brief historical review of the experiential approach.)

A graphic representation of the model is presented below and may be applied to cross cultural training in the following ways:

Figure 1. The Experiential Model



Experience

The experience phase is the initial activity and the data producing part of the experiential learning cycle. This phase is structured to enable participants to become actively involved in “doing” something.

¹ This is an excerpt from a paper entitled, “Independent Effectiveness: A Reconsideration of Cross-Cultural Orientation and Training.” International Journal of Intercultural Relations Vol. 10 (1986): 159-178. Reproduction only with express permission from Training Resources Group Inc.

Doing, in this instance, has a rather broad definition, and includes a range of activities like the following:

- case studies
- role plays
- simulations
- games
- lecturettes
- films and slide shows
- skill practice
- completing an instrument
- living with a family from another country

This sample list indicates that the range of training techniques varies from the more passive and artificial (lecturette) to the more active and real (living with a family). Exactly which technique one chooses as an educational activity would depend largely on the session goals.

Process

Once the experience stage is completed, the trainer or instructor would guide the group into the process part of the cycle. During this phase, participants reflect on the activity undertaken during the experience phase, and they share their reactions in a structured way with the whole group. This may happen on an individual basis, in small work groups, or in a full training group. Individuals share both their cognitive and affective reactions to the activities in which they have engaged. In addition, with trainer assistance, they try to link these thoughts and feelings together in order to derive some meaning from the experience.

The trainer's role as facilitator is very important during each phase of the cycle. During the process phase, he/she should be prepared to help the participants think critically about the experience and to help the participants verbalize their feelings and perceptions, as well as draw attention to any recurrent themes or patterns which appear in the participants' reactions to the experience. The trainer's role involves helping the participants to conceptualize their reflections on the experience so that they can move toward drawing conclusions.

Generalization

The generalization stage is that part of the experiential learning cycle in which the participants extract conclusions and generalizations which might be derived from, or stimulated by, the first two phases of the cycle. During this phase, participants are helped to “take a step back” from the immediate experience and discussion, and to think critically in order to draw conclusions that might be generalizable to “real life” or to a particular theoretical construct. This stage is perhaps best symbolized by the following questions:

- What did you learn from all this?
- What more general meaning does this have for you?

The trainer or instructor structures this part of the experiential learning model so that participants work alone first, and then guides them into sharing conclusions with each other so that they may serve as catalysts to one another. In addition, the trainer helps to facilitate this step by:

- Asking and helping individuals to summarize what they have learned into concise statements or generalizations.
- “Pushing back” at people to help make their thinking more rigorous.
- Relating the conclusions reached and integrating them into a theoretical model.
- Making sure, within reasonable time boundaries, that everyone who wishes to share significant insights gets a chance to contribute.
- Helping the group compare and contrast different conclusions, identifying patterns where they exist, and identifying legitimate areas of disagreement.

Application

After participants have done some focused work generating generalizations, they are guided into the application stage. Drawing upon insights and conclusions they have reached during the previous phase (and other phases), participants incorporate what they have learned into their lives by developing plans for more effective behavior in the future. In an ideal educational or training event, participants would be able to apply what they have learned immediately after the workshop ends. The applications that they plan may relate to their profession, their personal life, or their student efforts, depending on the background and needs of specific participant groups.

Techniques used to facilitate the application stage include the following:

- Individual work to develop a thoughtful action plan which puts “thought into action”.

- Participants review each other's plans, and provide consultation and help as appropriate to each other.
- Some parts of individual plans might be shared with the whole group in order to create a sense of synergy.
- Participants identify other learning needs.

One of the ways the trainer assists during this process is by helping participants be as specific as possible in developing their application plans.

Conclusion

It is important to stress one other point about the experiential model. The exact nature of each phase of the model is driven by the goals of the training or orientation session/program. Once the goals are defined, then the session can be designed using the model as the framework.

In order for this model to be effective, it needs to be rigorously applied, both in the design and delivery stages. "Experiential training or learning" is a phrase often heard in the educational and training world; yet, it is frequently misused in practice where it seems to mean letting people participate in a presentation, having a question and answer session after a lecture, or a role play or case study *by itself* without the subsequent steps in the model. Most frequently, the generalizing and application stages are simply left out of the design or the program; as a result, the power of experiential learning is significantly diminished or is negated altogether.

Although the model, when correctly explained, looks very clear, the way it works out in practice is not always as clear. There are transitions between phases, and occasionally (especially if the trainer is going too fast), the group will return to a phase until it is "finished." Also, individuals in the group may not approach the learning process in such a linear fashion, and that is perfectly legitimate. The model is meant to serve as a guide for the trainer or instructor who is trying to design and carry out an educational experience for a group.

ANNEX B. ILLUSTRATIVE EXAMPLE OF DATA COLLECTION FORM

NATIONAL ACTION COMMITTEE ON AIDS

**FACILITY STAMP
HERE**



ASSESSMENT OF HUMAN RESOURCES IN HIV/AIDS, TUBERCULOSIS, MALARIA, AND MATERNAL AND CHILD HEALTH SERVICES IN NIGERIA

HEALTH FACILITY QUESTIONNAIRE

APRIL 2006

INTRODUCTION

The National Action Committee on AIDS (NACA) in collaboration with Partners for Health Reform *plus* - a USAID funded Project - are conducting an assessment of human resources in Nigeria's public and mission health sector facilities with a focus on HIV/AIDS, tuberculosis, malaria, maternal and child health services.

The objective of the assessment is to quantify existing and required human capacity, identify type and distribution of health workers needed to achieve MDGs targets in the health sector. The assessment thus, will provide NACA, donors, policy makers and other key stakeholders valuable information to use in planning for scaling up of HIV/AIDS, TB, malaria, maternal and child health services in Nigeria.

We are gathering information from this facility on staffing, type of services offered, days and time spent in the provision of services. Please note that any information you give will not be divulged to anyone else and will only be used for the intended purpose.

Survey ID Number: _____

DATA COLLECTORS	SUPERVISOR	DATA ENTRY CLERK
Name.....	Name.....	Name.....
Name.....		
Date:	Date:	Date:

A. FACILITY IDENTIFICATION INFORMATION

Name of Facility

Region (circle number)	North West.....	1
	North East.....	2
	North Central.....	3
	South Wes.....	4
	South South.....	5
	South East.....	6

State (Circle number)	Adamawa.....	1
	Akwa Ibom	2
	Anambra.....	3
	Borno.....	4
	Cross River.....	5
	FCT	6
	Imo	7
	Kano.....	8
	Kogi	9
	Lagos	10
	Niger	11
	Ondo.....	12
	Sokoto	13

Location (circle number)	Urban.....	1
	Rural.....	2

Type of Facility (circle number)	Federal Medical Center	1
	Teaching Hospital	2
	Specialist Hospital	3
	General Hospital.....	4
	Comprehensive Health Center.....	5
	Basic/Primary Health Center	6
	Health Clinic.....	7
	Dispensary	8
	Maternity.....	9
	Health Post.....	10

Facility is funded by: (circle number)	Federal Government	1
	State Government	2
	LGA.....	3
	Faith-based Organization.....	4

Persons Interviewed:

NAME	TITLE	TELEPHONE
1		
2		
3		
4		
5		
6		
7		

B: HUMAN RESOURCES STATUS

If this is a Federal Medical Center, please skip question 1 and answer question 2.
All other facilities should answer question 1 and skip question 2.

1. How many staff work in this facility?

If staff type is not available in this facility, enter 0. If information is not available or not collected, enter 9999.

STAFF TYPE	NUMBER OF STAFF IN 2004	NUMBER OF STAFF IN 2005	CURRENT NUMBER OF STAFF IN 2006
Ia Medical Practitioners			
Ib Medical Interns (House Officers)			
Ic Nurses/Public Health RNs			
Id Midwives			
Ie Nurse midwives			
If Laboratory Scientists			
Ig Laboratory technicians/technologists			
Ih Radiographers			
Ii Pharmacists			
Ij Pharmacy Technicians and Assistants			
Ik Health Social Workers / Welfare workers			
Il Nutritionists			
Im Administrators			
In Medical Records Officers (Data Managers)			
Io Public Health (Nursing) Officers			
Ip Environmental Health Officers			
Iq Community Health Officers			
Ir Community Health Extension Workers/J-CHEWs			

Source(s): _____

Notes:

2. If a Federal Medical Center, how many federal and state staff work in this facility?

If staff type is not available in this facility, enter 0. If information is not available or not collected, enter 9999.

TYPE OF STAFF	NUMBER OF STAFF IN 2004		NUMBER OF STAFF IN 2005		CURRENT NUMBER OF STAFF IN 2006	
		STATE		STATE		STATE
2a Medical Practitioners						
2b Medical Interns (House Officers)						
2c Nurses/Public Health RNs						
2d Midwives						
2e Nurse midwives						
2f Laboratory Scientists						
2g Laboratory technicians/technologists						
2h Radiographers						
2i Pharmacists						
2j Pharmacy Technicians and Assistants						
2k Health Social Workers / Welfare workers						
2l Nutritionists						
2m Administrators						
2n Medical Records Officers (Data Managers)						
2o Public Health Nursing Officers						
2p Environmental Health Officers						
2q Community Health Officers						
2r Community Health Extension Workers/J-CHEWS						

Source(s): _____

Notes:

3. In the past year [January 2005 - December 2005], how many health care workers have joined the facility for the reasons below?

If staff type is not available in this facility, enter 0. If information is not available or not collected, enter 9999

STAFF TYPE	INCOMING			
	NEW GRADUATES	TRANSFER-IN (WITHIN PUBLIC SECTOR)	TRANSFER -IN (WITHIN FAITH BASED)	OTHER NEW STAFF
3a Medical Practitioners				
3b Medical Interns (House Officers)				
3c Nurses/Public Health RNs				
3d Midwives				
3e Nurse Midwives				
3f Laboratory Scientists				
3g Laboratory technicians				
3h Radiographers				
3i Pharmacists				
3j Pharmacy Technicians and Assistants				
3k Health Social Workers				
3l Nutritionists				
3m Administrators				
3n Medical Records Officers				
3o Public Health Nursing Officers				
3p Environmental Health Officers				
3q Community Health Officers				
3r Community Health Extension Workers/J-CHEWs				

Source(s): _____

Notes:

4. In the past year [January 2005 - December 2005], how many health care workers have left the facility for the reasons below?

If staff type is not available in this facility, enter 0. If information is not available or not collected, enter 9999.

STAFF TYPE	OUTGOING					
	LEAVING POST	RETIRED	TERMINATED	TRANSFER OUT (WITHIN PUBLIC SECTOR)	TRANSFER OUT (WITHIN FAITH BASED ORGANIZATIONS)	DEATH
3a Medical Practitioners						
3b Medical Interns (House Officers)						
3c Nurses/Public Health RNs						
3d Midwives						
3e Nurse Midwives						
3f Laboratory Scientists						
3g Laboratory technicians						
3h Radiographers						
3i Pharmacists						
3j Pharmacy Technicians and Assistants						
3k Health Social Workers						
3l Nutritionists						
3m Administrators						
3n Medical Records Officers						
3o Public Health Nursing Officers						
3p Environmental Health Officers						
3q Community Health Officers						
3r Community Health Extension Workers/J-CHEWs						

Source(s): _____

Notes:

C. TYPE OF SERVICES PROVIDED IN THIS FACILITY

5. Which of the following services are provided at this facility?

SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?
		Yes....1 No....2
5a	HIV/AIDS	
5b	Tuberculosis	
5c	Malaria	
5d	Maternal Health	
5e	Family Planning	
5f	Child Health	

If 'Yes.....1' is selected for any of the services in Question 5,
please complete the questions in the corresponding sections.

D. HIV/AIDS SERVICES

6. Which of the following HIV/AIDS services are provided by your facility?

HIV/AIDS SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?	
		Yes....1	No....2
6a	Voluntary Counseling and Testing (VCT)		
6b	Antiretroviral Treatment (ART)		
6c	Prevention of Mother to Child		
6d	Transmission (PMTCT) PMTCTplus		
6e	Tuberculosis (TB) as an Opportunistic Infection (OI)		

7. What is the number of patients seen in the past three months for each of the following HIV/AIDS services at this facility?

HIV/AIDS SERVICES		NUMBER OF PATIENTS SEEN IN THE LAST 3 MONTHS IN THIS FACILITY		
		JANUARY	FEBRUARY	MARCH
7a	Voluntary Counseling and Testing (VCT)			
7b	Antiretroviral Treatment (ART)			
7c	Prevention of Mother to Child Transmission (PMTCT)			
7d	PMTCTplus			
7e	Tuberculosis (TB) as an Opportunistic Infection (OI)			

Source(s): _____

8. In this health facility, do the following staff types provide the VCT services listed and if yes, what is the average time each staff member spends per patient on an average day (excluding VCT services for PMTCT)?

STAFF TYPE LIST	VCT: PRE-TEST COUNSELING			VCT: POST-TEST COUNSELING			LABORATORY TESTS		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
8a Medical Practitioners									
8b Medical Interns (House Officers)									
8c Nurses /Public Health RNs									
8d Midwives									
8e Nurse Midwives									
8f Laboratory Scientists/Technicians									
8g Pharmacists/Pharmacy Technicians and Assistants									
8h Health Social Workers									
8i Public Health Nursing Officers									
8j Environmental Health Officers									
8k Community Health Officers									
8l Community Health Extension Workers /J-CHEW									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

9. In this health facility, do the following staff types provide the ART services for adults listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	ART:ART INITIATION			ART:ART CONTINUING PATIENT		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
9a Medical Practitioners						
9b Medical Interns (House Officers)						
9c Nurses/Public Health RNs						
9d Midwives						
9e Nurse Midwives						
9f Laboratory Scientists/Technicians						
9g Pharmacists/Pharmacy Technicians and Assistants						
9h Health Social Workers						
9i Nutritionists						
9j Public Health Nursing Officers						
9k Environmental Health Officers						
9l Community Health Officers						
9m Community Health Extension Workers/J-CHEWs						

*Ideal number of minutes spent per patient by each staff type member**

10. In this health facility, do the following staff types provide the ART services for children listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST		ART:ART INITIATION			ART:ART CONTINUING PATIENT		
		DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
10a	Medical Practitioners						
10b	Medical Interns (House Officers)						
10c	Nurses/Public Health RNs						
10d	Midwives						
10e	Nurse Midwives						
10f	Laboratory Scientists/Technicians						
10g	Pharmacists/Pharmacy Technicians and Assistants						
10h	Health Social Workers						
10i	Nutritionists						
10j	Public Health Nursing Officers						
10k	Environmental Health Officers						
10l	Community Health Officers						
	Community Health Extension Workers/J-CHEWs						

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

11. In this health facility, do the following staff types provide the PMTCT services listed and if yes, what is the average time each staff member spends per patient on an average day?

	VCT IN PMTCT SETTING			PMTCT: PREVENTIVE ADMINISTRATION			PMTCTPLUS		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
	STAFF TYPE LIST								
I la	Medical Practitioners								
I lb	Medical Interns (House Officers)								
I lc	Nurses /Public Health RNs								
I ld	Midwives								
I le	Nurse Midwives								
I lf	Laboratory Scientists/Technicians								
I lg	Pharmacists/ Pharmacy Technicians and Assistants								
I lh	Health Social Workers								
I li	Nutritionists								
I lj	Public Health Nursing Officers								
I lk	Environmental Health Officers								
I ll	Community Health Officers								
I lm	Community Health Extension Workers/J-CHEWS								

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

F. TUBERCULOSIS SERVICES (TB)

12. Which of the following TB services are provided by your facility?

TB SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?	
		Yes...1	No...2
I2a	Directly Observed Therapy (DOTS)		
I2b	Non-DOTS Outpatients treatment		
I2c	In-patient TB Care		

13. What is the number of patients seen in the past three months for each of the following TB services at this facility?

TB SERVICES		NUMBER OF PATIENTS SEEN IN THE LAST 3 MONTHS IN THIS FACILITY		
		JANUARY	FEBRUARY	MARCH
I3a	Directly Observed Therapy (DOTS)			
I3b	Non-DOTS/ Outpatients/ treatment			
I3c	In-patient TB Care			

Source(s): _____

14. In this health facility, do the following staff types provide the TB services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	DIRECTLY OBSERVED THERAPY (DOTS)			NON-DOTS OUTPATIENT TREATMENT			IN-PATIENT TB CARE		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
14a Medical Practitioners									
14b Medical Interns (House Officers)									
14c Nurses /Public Health RNs									
14d Midwives									
14e Nurse Midwives									
14f Laboratory Scientists/ Technicians									
14g Pharmacists/Pharmacy Technicians and Assistants									
14h Radiographers									
14i Health Social Workers									
14j Nutritionists									
14k Environmental Health Officers									
14l Community Health Officers									
14m Community Health Extension Workers/J-CHEWs									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

G. MALARIA SERVICES

15. Which of the following malaria services are provided by your facility?

MALARIA SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?	
		Yes...1	No...2
15a	Malaria Out-patient Services (Visits due to malaria)		
15b	Malaria In-patient Services (Admissions due to malaria)		
15c	Malaria Information, Education & Communication (IEC)		

16. What is the number of patients seen in last three months for each of the following malaria services at this facility?

MALARIA SERVICES		NUMBER OF PATIENTS SEEN IN THE LAST 3 MONTHS IN THIS FACILITY		
		JANUARY	FEBRUARY	MARCH
16a	Malaria Out-patient Services (Visits due to malaria)			
16b	Malaria In-patient Services (Admissions due to malaria)			
16c	Malaria Information, Education & Communication (IEC)			

Source(s): _____

17. In this health facility, do the following staff types provide the malaria services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	MALARIA OUT-PATIENT SERVICES			MALARIA IN-PATIENT SERVICES			MALARIA INFORMATION, EDUCATION & COMMUNICATION		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
17a									
17b									
17c									
17d									
17e									
17f									
17g									
17h									
17i									
17j									
17k									
17l									
17m									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

H: MATERNAL HEALTH SERVICES

18. Which maternal health services are provided by your facility?

MATERNAL HEALTH SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?	
		Yes...1	No...2
18a	Antenatal Care: routine visits, lab tests, and Iron Folic Acid treatments		
18b	Antenatal Care: Intermittent Preventive Treatment (IPT) for Malaria		
18c	Normal Delivery Care		
18d	Complicated delivery (C- Section, Vacuum extraction etc)		
18e	Post-natal Care		

19. What is the number of patients seen in the past three months for each of the following maternal health services at this facility?

MATERNAL HEALTH SERVICES		NUMBER OF PATIENTS SEEN IN THE LAST 3 MONTHS IN THIS FACILITY		
		JANUARY	FEBRUARY	MARCH
19a	Antenatal Care: routine visits, lab tests, and Iron Folic Acid treatments			
19b	Antenatal Care: Intermittent Preventive Treatment (IPT) for Malaria			
19c	Normal Delivery Care			
19d	Complicated delivery (including C Section, vacuum extraction, etc)			
19e	Post-natal Care			

Source(s): _____

20. In this health facility, do the following staff types provide the antenatal care services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST		ANTENATAL CARE: ROUTINE VISITS, LAB TESTS, AND IRON FOLIC ACID TREATMENTS			INTERMITTENT PREVENTIVE TREATMENT (IPT) FOR MALARIA & OTHER DISEASES		
		DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
20a	Medical Practitioners						
20b	Medical Interns (House Officers)						
20c	Nurses /Public Health RNs						
20d	Midwives						
20e	Nurse Midwives						
20f	Laboratory Scientists/ Technicians						
20g	Pharmacists/Pharmacy Technicians and Assistants						
	Health Social Workers						
20l	Nutritionists						
20j	Public Health Nursing Officers						
20k	Environmental Health Officers						
20l	Community Health Officers						
20m	Community Health Extension Workers/J-CHEWs						

*Ideal number of minutes spent per patient by each staff type member**

21. In this health facility, do the following staff types provide the delivery-related services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	NORMAL DELIVERY CARE			COMPLICATED DELIVERY (C SECTION, VACUUM EXTRACTION, ETC)			POST-NATAL CARE		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
21a Medical Practitioners									
21b Medical Interns (House Officers)									
21c Nurses/Public Health RNs									
21d Midwives									
21e Nurse Midwives									
21f Pharmacists/ Pharmacy Technicians and Assistants									
21g Health Social Workers									
21h Nutritionists									
21i Public Health Nursing Officers									
21j Environmental Health Officers									
21k Community Health Officers									
21l Community Health Extension Workers/J-CHEWs									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

I. FAMILY PLANNING SERVICES

22. Which of the following family planning services are provided by your facility?

FAMILY PLANNING SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?
		Yes....1 No....2
22a	Tubal Ligation	
22b	Hormonal Injection Contraceptive	
22c	Intrauterine Contraceptive Device (IUD)	
22d	Oral Contraceptive Pills	
22e	Implant Contraceptives	
22f	Condom Distribution	

23. What is the number of patients seen per month for each of the following family planning services at this facility?

FAMILY PLANNING SERVICES		NUMBER OF PATIENTS SEEN IN THE LAST 3 MONTHS IN THIS FACILITY		
		JANUARY	FEBRUARY	MARCH
23a	Tubal Ligation Counseling and Procedure			
	Hormonal Injection Contraceptive			
	Intrauterine Contraceptive Device (IUD)			
23b	Oral Contraceptive Pills			
23c	Implant Contraceptives			
23d	Condom demonstration and distribution			
23e				

Source(s): _____

24. In this health facility, do the following staff types provide the family planning services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	TUBAL LIGATION (TIME SPENT ON COUNSELING AND ACTIVITY)			HORMONAL INJECTION CONTRACEPTIVE			INTRAUTERINE CONTRACEPTIVE DEVICE (IUD)		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
24a Medical Practitioners									
24b Medical Interns (House Officers)									
24c Nurses/Public Health RNs									
24d Midwives									
24e Nurse Midwives									
24f Pharmacists/Pharmacy Technicians and Assistants									
24g Health Social Workers									
24h Public Health Nursing Officers									
24i Environmental Health Officers									
24j Community Health Officers									
24k Community Health Extension Workers/J-CHEWS									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

25. In this health facility, do the following staff types provide the family planning services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	ORAL CONTRACEPTIVE PILLS			IMPLANT CONTRACEPTIVES			CONDOM DEMONSTRATION AND DISTRIBUTION		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
25a Medical Practitioners									
25b Medical Interns (House Officers)									
25c Nurses/Public Health RNs									
25d Midwives									
25e Nurse Midwives									
25f Pharmacists/Pharmacy Technicians and Assistants									
25g Health Social Workers									
25h Nutritionists									
25i Public Health Nursing Officers									
25j Environmental Health Officers									
25k Community Health Officers									
25l Community Health Extension Workers/J-CHEWS									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

J: CHILD HEALTH SERVICES (CHILDREN UNDER 5)

26. Which of the following child health services are provided by your facility?

CHILD HEALTH SERVICES		ARE THESE SERVICES PROVIDED AT THIS FACILITY?	
		Yes....1	No....2
26a	Growth Monitoring		
26b	Immunizations (excluding Campaigns)		
26c	Information, Education & Communication (children under 5)		
26d	Out-Patient Care [curative] Services		
26e	In- Patient care services		
26f	Nutrition Counseling		
26g	Nutritional supplement distribution (when available)		

27. What is the number of patients seen in the past three months for each of the following child health services at this facility?

CHILD HEALTH SERVICES		NUMBER OF PATIENTS SEEN IN THE LAST 3 MONTHS IN THIS FACILITY		
		JANUARY	FEBRUARY	MARCH
27a	Growth Monitoring			
27b	Immunizations (excluding campaigns)			
27c	Out-Patient Care [curative] Services			
27d	In- Patient care services			
27e	Nutrition Counseling			
27f	Nutritional supplement distribution (when available)			

Source(s): _____

28. In this health facility, do the following staff types provide the child health services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST		GROWTH MONITORING			IMMUNIZATIONS (EXCLUDING CAMPAIGNS)		
		DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? Yes...1 No...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
28a	Medical Practitioners						
28b	Medical Interns (House Officers)						
28c	Nurses/Public Health RNs						
28d	Midwives						
28e	Nurse Midwives						
28f	Health Social Workers						
28g	Nutritionists						
28h	Public Health Nursing Officers						
28i	Environmental Health Officers						
28j	Community Health Officers						
28k	Community Health Extension Workers/J-CHEWs						

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

29. In this health facility, do the following staff types provide the child health services listed and if yes, what is the average time each staff member spends per patient on an average day?

STAFF TYPE LIST	OUT-PATIENT (CURATIVE) CARE			IN-PATIENT CARE			NUTRITION		
	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*	DOES THE STAFF TYPE LISTED PROVIDE THE ABOVE SERVICE? YES...1 NO...2	IF YES, CURRENT MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER *	IDEAL NUMBER OF MINUTES SPENT PER PATIENT BY EACH STAFF TYPE MEMBER*
29a Medical Practitioners									
29b Medical Interns (House Officers)									
29c Nurses /Public Health RNs									
29d Midwives									
29e Nurse Midwives									
29f Laboratory Scientists/Technicians									
29g Pharmacists/ Pharmacy Technicians and Assistants									
29h Radiographers									
29i Health Social Workers									
29j Nutritionists									
29k Public Health Nursing Officers									
29l Environmental Health Officers									
29m Community Health Officers									
29n Community Health Extension Workers/ J-CHEWs									

* If staff type is not available or not providing this service, enter 0. If information is not available or not collected, enter 9999.

ACRONYMS & DEFINITIONS

- ART** **Antiretroviral Therapy** This is an anti-HIV treatment involving the use of one class of drugs called non-nucleoside reverse transcriptase inhibitors (NNRTI) in combination with two other anti-retroviral drugs called nucleoside reverse transcriptase inhibitors (NRTI) in the long-term treatment of HIV infection in adults and children.
- DOTS** **Directly Observed Therapy** This is a recommended strategy for TB control, which helps patients take their medicine for TB. If you receive DOTS, you will meet with a health care worker every day or several times a week. You will meet at a place you both agree on, such as the TB clinic, your home or work, or any other convenient location. You will take your medicine while the health care worker watches. It involves five strategies namely: government commitment, case detection by smear microscopy, standard short-course chemotherapy, regular uninterrupted supply of TB drugs and standardized recording and reporting system that allows assessment and case finding and TB treatment control overall performance.
- IEC** **Information, Education and Communication** IEC refers to a public health approach aiming at changing or reinforcing health-related behaviours in a target audience, concerning a specific problem and within a pre-defined period of time, through communication methods and principles such as flyers, leaflets, brochures, booklets, messages for health education sessions, radio broadcast or TV spots etc.
- IPT** **Intermittent Presumptive Treatment** This involves the administration of curative treatment dose of an effective anti-malaria drug at predefined intervals during pregnancy, beginning after quickening (the time at which the fetal movements are first felt by the mother) in the second trimester.
- IUD** **Intrauterine Contraceptive Device** An Intrauterine Device (IUD) is a small object that is inserted through the cervix and placed in the uterus to prevent pregnancy. A small string hangs down from the IUD into the upper part of the vagina. IUDs can last 1-10 years. They affect the movements of eggs and sperm to prevent fertilization. They also change the lining of the uterus and prevent implantation. IUDs are 99.2-99.9% effective as birth control. They do not protect against sexually transmitted infections, including HIV/AIDS.
- NON-DOTS** **Non-Directly Observed Therapy** Although the policy of the Federal Government of Nigeria is DOTS for all TB patients, DOTS is not available at all levels of healthcare delivery. Therefore, there are several different models of TB patient care including outpatient treatment in use around the country other than DOTS.

- NVP** **Nevirapine** This is a class of antiretroviral drugs called non-nucleoside reverse transcriptase inhibitors (NNRTI) used in combination with other anti-retroviral drugs in the long-term treatment of HIV infection in adults and children. Nevirapine is also used on its own in the prevention of mother to child transmission.
- OI** **Opportunistic Infections** Infection with HIV progressively weakens the immune system, making the individual susceptible to certain infections and cancers. In early HIV disease individuals can develop tuberculosis, malaria, pneumococcal pneumonia, shingles (herpes zoster), staphylococcal skin infections and septicaemia. These are problems individuals with normal immune systems can also get, but with HIV, these “ordinary” diseases occur at much higher rates. With advanced HIV disease “opportunistic” infections (OIs) such as pneumocystis, toxoplasma, kaposi’s sarcoma and cryptococcal infections develop. OIs only cause disease in people with weak, damaged immune systems.
- PMTCT** **Prevention of Mother-to-Child Transmission** This is a prophylactic therapy given to HIV positive pregnant mothers to prevent infection to their infants. Ideally mothers are offered a seven-day intake of zidovudine (AZT)/ lamivudine (3TC) and infants receive a combination of NVP and AZT for the same time period. However, these regimens might not be available or feasible in all settings. In such cases, a single-dose NVP should be offered for the mother at the onset of labour, and for the infant within 72 hours of birth.
- PMTCTplus** **Prevention of Mother-to-Child Transmission plus** This is an extension of the PMTCT program described above. Besides providing prophylactic treatment to prevent transmission of HIV to the child, the program provides anti-retroviral therapy to women who qualify after the birth of the child.
- TB** **Tuberculosis** A tuberculosis case is a patient with positive culture for mycobacterium tuberculosis complex. Where culture is not routinely available a patient with two smears positive results for acid-fast bacilli is also considered as a TB case.
- VCT** **Voluntary Counseling and Testing** HIV testing that is offered to clients after pretest counseling and in a non-coercive manner.

The End -THANK YOU

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