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# HUMAN RESOURCES FOR HEALTH ASSESSMENT DATA COLLECTION TRAINING PARTICIPANT'S MANUAL



February 2008

This publication was produced for review by the United States Agency for International Development. It was prepared by Gilbert Kombe, Fred Rosensweig, and Amy Teye for the Health Systems 20/20 project.



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**Submitted to:** Karen Cavanaugh, USAID/GH/HIDN/HS, CTO  
Yogesh Rajkotia, USAID/GH/HIDN/HS, co-CTO  
Bureau of Global Health  
Global Health/Population and Reproductive Health/Service Delivery Improvement  
Center for Population, Health and Nutrition  
Bureau for Global Programs, Field Support and Research  
United States Agency for International Development



Abt Associates Inc. | 4800 Montgomery Lane, Suite 600 | Bethesda, Maryland 20814  
| T: 301.347-5000 | F: 301/652-3916 | [www.healthsystems2020.org](http://www.healthsystems2020.org) | [www.abtassoc.com](http://www.abtassoc.com)

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# HUMAN RESOURCES FOR HEALTH ASSESSMENT

## DATA COLLECTION TRAINING PARTICIPANT'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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# FOREWORD

Dear Participants,

Welcome to the Data Collection Training for the Human Resources for Health (HRH) Assessment. The assessment is a critical starting point in addressing the shortage of human resources in the public health sector.

This workshop is aimed at preparing you to conduct the data collection for the HRH assessment. We will provide the context and rationale for the HRH assessment so that you clearly understand why you are collecting the data. We also will describe the overall assessment process so that you see how the data collection fits in. We will teach you to use the data collection instrument prepared specifically for the assessment – you will become familiar with the instrument itself and practice the skills needed to use it effectively. Finally, we will provide time for you to work in your data collection teams to develop detailed implementation plans for carrying out the data collection.

This participant's manual contains all the materials that we will present in the workshop. The materials are intended to be useful tools for the workshop activities and they will serve as reference material for you during the data collection.

We have high expectations for you and your level of participation in this workshop. At the end of the training you will be able to explain the rationale for HRH data collection, discuss the questions in the data collection instruments, and understand interview techniques. We expect no less than 100 percent attendance during the two days of training.

We are pleased you are part of our data collection team and look forward to working with you over the next several weeks.



# SESSION I

## INTRODUCTION

**Duration:**  
1 hour

**Discussion:**  
1. Getting Started  
Task

2. Workshop  
Purpose

3. Workshop  
Objectives

4. Workshop  
Agenda

5. Guidelines for  
Working Together

### TASK: GETTING STARTED

- There are five flipcharts posted around the room. Each flipchart lists a reason for the HRH shortage in the health sector. Go stand by the flipchart that you think best explains why there is an HRH shortage.
- Form a group with the others who also chose that reason.
- Share with your group why you chose this reason.
- Be prepared to share the highlights of your group discussion with the entire class.

### 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

### SAMPLE WORKSHOP AGENDA

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

## 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

**Duration:**  
50 minutes

**Discussion:**

**1. Context and  
Rationale**

**2. Key Questions**

**3. Objectives of the  
Assessment**

**4. Learning Log**

### CONTEXT AND RATIONALE

- 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 Millennium Development Goals (MDGs) and President's Emergency Plan for AIDS Relief (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.

### OBJECTIVES OF THE ASSESSMENT

The specific HRH assessment objectives are the following:

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

## KEY QUESTIONS

The HRH assessment therefore will ask the following key questions:

- 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?

## LEARNING LOG – CONTEXT AND RATIONALE

1. What do you want to remember about the context and rationale for the HRH assessment?

2. What will you tell the interviewees about why you are collecting this information?

## NOTES

# SESSION 3

## HRH ASSESSMENT PROCESS

**Duration:**  
1 hour

**Discussion:**

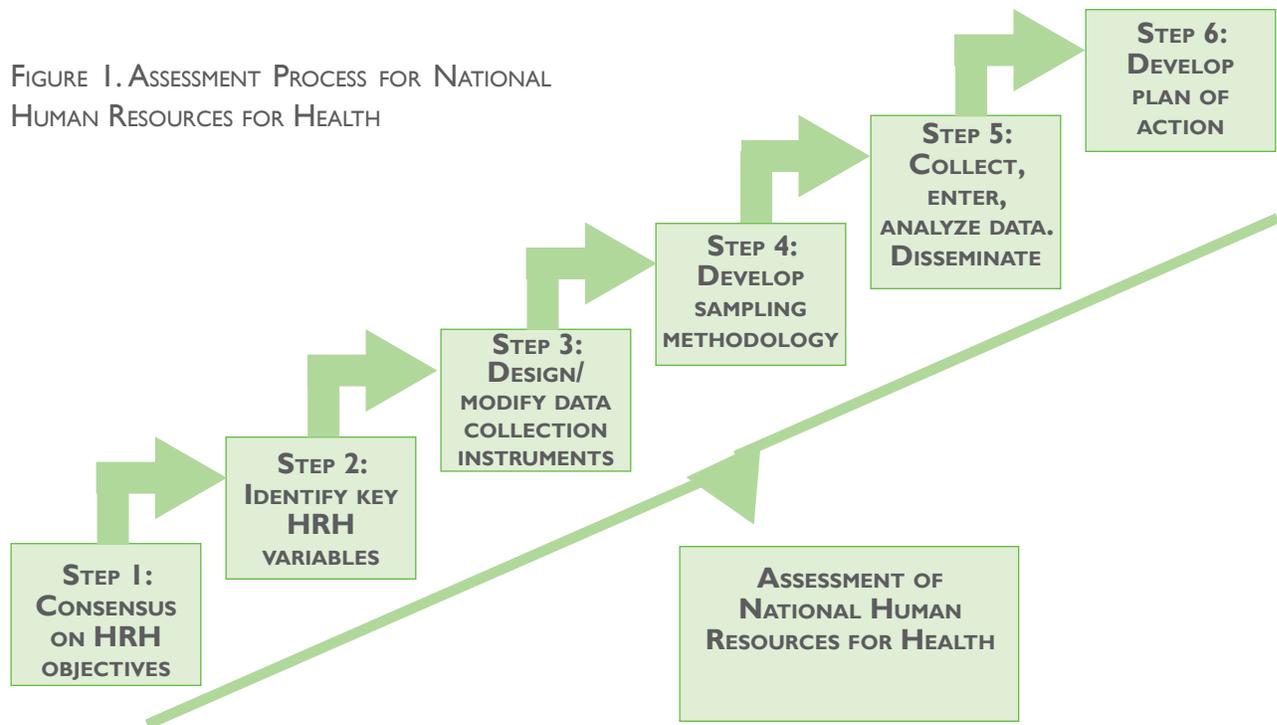
1. Assessment Process for HRH
2. HRH Assessment Components
3. Field Strategy
4. Learning Log

### ASSESSMENT FRAMEWORK FOR HRH

Assessments have long been recognized as critical components in addressing HRH issues. Assessment processes vary, depending on the objectives of the assessment. Abt Associates Inc. and its partners in the US Agency for International Development (USAID)-funded Health Systems 20/20 project (and the earlier Partners for Health Reform*plus* project [PHR*plus*]) have developed a unique and consistent framework that sets out a process for measuring the human and financial resources for delivering HIV/AIDS services. The process is guided by and builds upon the experience of PHR*plus*' implementation of HRH assessments in Cote d'Ivoire, Ethiopia, Kenya, Nigeria, and Zambia.

The assessment process has six steps, depicted in Figure 1 and described below. In reviewing the process, keep in mind that other members of the assessment team, working with in-country stakeholders, have already completed Steps 1-4. We are now at Step 5, which includes data collection.

FIGURE 1. ASSESSMENT PROCESS FOR NATIONAL HUMAN RESOURCES FOR HEALTH



## STEP 1: SPECIFY THE OBJECTIVES OF THE ASSESSMENT.

In this step, the assessment team summarizes specific objectives of the assessment and why this information is needed. The technical team for the assessment works with key stakeholders to understand their information needs and therefore what they see as assessment objectives. It builds consensus among stakeholders on what the common assessment objectives are. Earlier assessments show that the three most frequently named objectives are to (1) quantify existing and future HRH needs, (2) determine the gap between what is needed and what is available, and (3) assess whether the country will reach certain international goals, e.g., MDGs, using existing HRH.

## STEP 2: DECIDE WHICH VARIABLES TO FOCUS ON.

This step is closely related to Step 1 and focuses on identifying key variables that will allow the assessment team to achieve assessment objectives. Because it is important to build strong partnerships among the public health sector, donors, and non-government and community organizations, the technical team works with all these counterpart groups to select the variables to examine. In most cases, variables are quantitative,

measuring the number or proportion of available health workers who are providing services, where they are located, the type of skills they have, and the type of in-service training they received.

### STEP 3: DESIGN OR MODIFY THE DATA COLLECTION INSTRUMENTS.

Data collection instruments are a critical element in the data collection process. Experience shows that program managers and policymakers often want to address several HRH issues in the same instrument. If counterparts decide to include multiple HRH issues, the technical team designs the data instrument in a modular format. The instrument should provide specific written instructions for the interviewer, precisely phrase each question, and apply pre-coded responses. Instructions for interviewers cover topics such as how the interviewers should select the facilities and identify the respondents, when they should conduct the interview, and what they should do if errors are made.

A codebook often accompanies the data collection instrument. The codebook is important because it describes variable numbers, names, labels, values codes, and value labels. The data analysts create the codebook during data analysis, especially if the tables of preliminary findings are produced with codes instead of labels.

### STEP 4: DEVELOP THE SAMPLING METHODOLOGY.

The cornerstone of this step is the development of an individualized sampling methodology. Because HRH assessments vary considerably by country, individual sampling methodologies should be developed for each country. The technical team applies random sampling techniques to reflect a variety of factors including geographic location, level of care (primary, secondary, tertiary), and the HRH distribution. A representative sample with a margin of error of plus or minus 5 percentage points at a 95% confidence level is preferred. Detailed sampling methodologies for individual countries assessed under PHR*plus* can be found in technical reports at: <http://www.phrplus.org>.

## STEP 5: COLLECT, ENTER, ANALYZE AND DISSEMINATE.

Data collection for HRH should be well organized. In planning the data collection process, the technical team must remember three important points: First, it must develop a data collection schedule. Second, it must pre-test and print interview forms before going to the field. Finally, it must recruit and train the interviewers for data collection.

After the data are collected, supervisors verify how each survey instrument has been completed. This process is important to make sure that no mistakes have been recorded on the instruments. Verifying data can be done by having a team of data entry clerks (separate from data collectors) review the data. Results are compared and discrepancies corrected. Once verification has been completed, the data are cleaned before being entered in a data set. Cleaning data typically includes correcting mistakes such as use of incorrect codes, leaving a question blank, misinterpreting a code (e.g. 0=no, 1=yes), and entering an answer in the wrong space.

When data analysis and interpretation is complete, dissemination of findings begins. Health Systems 20/20 and country counterparts present preliminary findings to a national forum attended by a broad range of local stakeholders. Findings are discussed, comments recorded, and all this information is incorporated into a final technical report that is further disseminated. (Again, see reports of earlier country assessments at: <http://www.phrplus.org>.)

## STEP 6: DEVELOP AN ACTION PLAN.

The final step in the assessment framework is the development of an action plan to resolve the problems found. Health Systems 20/20 works closely with program managers, policymakers, donors, and other key stakeholders to determine what action to take. The best time to prepare an action plan is after the oral presentation of the assessment findings. The plan should clearly outline what action(s) are to be taken, who will be responsible for each action, and deadlines by when the actions should be completed. In doing past assessments, PHR*plus* found that it also is useful to specify where the action will take place, the process that will be applied, and the resources needed.

## HRH ASSESSMENT COMPONENTS

### MAJOR ELEMENTS OF THE HRH ASSESSMENT

Data should be collected from the following facilities and staff:

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

### KEY SERVICE AREAS OF THE ASSESSMENT

The data collection instrument should contain separate sections for each service area covered in the assessment, for example:

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

## 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?

## EXPECTED PRODUCTS

Four products will result from the assessment:

- Completed data collection forms
- Comprehensive and high quality data
- Properly cleaned data set
- Comprehensive report with accurate findings on the current HRH situation

## FIELD STRATEGY FOR DATA COLLECTION

### 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, child health, and maternal health)

### BASIS OF SAMPLING FRAMEWORK

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

### EXAMINING THE FACILITY LIST

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 selected is based on population size of area, total number of facilities, etc.

### ILLUSTRATIVE TIMELINE

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 <sup>nd</sup> week of data collection)
Data analysis and interpretation	May 15-June 15 (<1 month)
Report writing	June (1 month)



# SESSION 4

## DATA COLLECTION INSTRUMENT

### OVERVIEW OF ASSESSMENT INSTRUMENT

#### ORGANIZATION OF THE INSTRUMENT

- Facility identification information
- Human resources status
- 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

**Duration:**  
1 hour

**Discussion:**  
1. Overview of the  
Data Collection  
Instrument

2. Individual Task

3. Illustrative  
Example of the  
Data Collection  
Instrument

4. Specific  
Guidance on  
Questions

5. Learning Log

## 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

## INSTRUCTIONS FOR DATA COLLECTION

- Accurate and reasonable data are needed.
- Incorrectly filled data instruments will not be accepted. The concerned data collector will be sent back to facility to rectify the mistakes.
- The data instrument cannot be left with the respondent to complete. Only the trained data collector should fill in the information.
- Supervisor signature is required for each survey.
- Validity of data collected will depend mainly on interviewing skills and selecting the right facility staff members to interview.

## TASK: REVIEW DATA COLLECTION INSTRUMENT

Individually,

- Read the health facility data instrument, noting its organization and the questions it asks.
- Note down any questions you have about the instrument.

**Take 15 minutes**

# 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

<b>Region</b>	North West..... 1
(circle number)	North East.....2
	North Central.....3
	South West.....4
	South South.....5
	South East.....6

<b>State</b>	Adamawa..... 1
(Circle number)	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

<b>Location</b>	Urban..... 1
(circle number)	Rural.....2

<b>Type of Facility</b>	Federal Medical Center..... 1
(circle number)	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

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

**Persons Interviewed:**

	<b>NAME</b>	<b>TITLE</b>	<b>TELEPHONE</b>
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	
	FEDERAL	STATE	FEDERAL	STATE	FEDERAL	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 ORG)	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 (RESIGNED)	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 Transmission (PMTCT)		
6d	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 TYPE 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*
I0a	Medical Practitioners						
I0b	Medical Interns (House Officers)						
I0c	Nurses/Public Health RNs						
I0d	Midwives						
I0e	Nurse Midwives						
I0f	Laboratory Scientists/Technicians						
I0g	Pharmacists/Pharmacy Technicians and Assistants						
I0h	Health Social Workers						
I0i	Nutritionists						
I0j	Public Health Nursing Officers						
I0k	Environmental Health Officers						
I0l	Community Health Officers						
I0m	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 I. 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?

STAFF TYPE LIST	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 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*
I Ia									
I Ib									
I Ic									
I Id									
I Ie									
I If									
I Ig									
I Ih									
I Ii									
I Ij									
I Ik									
I Il									
I Im									

\* 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 Outpatient Treatment		
I2c	Inpatient 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/ Outpatient Treatment			
I3c	Inpatient 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			INPATIENT 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*
I4a Medical Practitioners									
I4b Medical Interns (House Officers)									
I4c Nurses /Public Health RNs									
I4d Midwives									
I4e Nurse Midwives									
I4f Laboratory Scientists/ Technicians									
I4g Pharmacists/Pharmacy Technicians and Assistants									
I4h Radiographers									
I4i Health Social Workers									
I4j Nutritionists									
I4k Environmental Health Officers									
I4l Community Health Officers									
I4m 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 Outpatient Services (Visits due to malaria)	
15b	Malaria Inpatient 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 Outpatient Services (Visits due to malaria)			
16b	Malaria Inpatient 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 OUTPATIENT SERVICES			MALARIA INPATIENT SERVICES			MALARIA INFORMATION, EDUCATION & COMMUNICATION (IEC)		
	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 Medical Practitioners									
17b Medical Interns (House Officers)									
17c Nurses/Public Health RNs									
17d Midwives									
17e Nurse Midwives									
17f Laboratory Scientists/Technicians									
17g Pharmacists/Pharmacy Technicians and Assistants									
17h Health Social Workers									
17i Nutritionists									
17j Public Health Nursing Officers									
17k Environmental Health Officers									
17l Community Health Officers									
17m 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.

## 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
I8a	Antenatal Care: Routine Visits, Lab Tests, and Iron Folic Acid Treatments		
I8b	Antenatal Care: Intermittent Preventive Treatment (IPT) for Malaria		
I8c	Normal Delivery Care		
I8d	Complicated Delivery (C-Section, Vacuum Extraction etc)		
I8e	Postnatal 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
I9a	Antenatal Care: Routine Visits, Lab Tests, and Iron Folic Acid Treatments			
I9b	Antenatal Care: Intermittent Preventive Treatment (IPT) for Malaria			
I9c	Normal Delivery Care			
I9d	Complicated Delivery (including C-Section, Vacuum Extraction, etc)			
I9e	Postnatal 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 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*
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)			POSTNATAL CARE		
	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*
21a									
21b									
21c									
21d									
21e									
21f									
21g									
21h									
21i									
21j									
21k									
21l									

\* 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			
23b	Hormonal Injection Contraceptive			
23c	Intrauterine Contraceptive Device (IUD)			
23d	Oral Contraceptive Pills			
23e	Implant Contraceptives			
24f	Condom Demonstration and Distribution			

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 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*
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 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*
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	Outpatient Care [curative] Services	
26e	Inpatient 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	Outpatient Care [curative] Services		
27d	Inpatient 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 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 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

## SPECIFIC GUIDANCE ON QUESTIONS

### 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 3 months.

### 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.

### 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.

## LEARNING LOG – DATA COLLECTION INSTRUMENT

1. Write down 2 or 3 tips that will be important in using the instrument effectively.

# SESSION 5

## SKILL PRACTICE

**Duration:**  
3.5 hours

**Discussion:**

1. Interviewing Tips and Techniques
2. Trio Practice Task
3. Observer's Sheet
4. Learning Log

### 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.
- Explain the purpose of the interview. Tell him/her how much time you expect to need to complete the interview (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 go on for very long or the interview will take too much time. Stick to the questions in the data instrument. Answer interviewee 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.

## 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 second third of the instrument).

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



4. What are 1-2 specific things the “interviewer” could improve upon?

5. What are 1-2 specific things where the interviewee had problems?

## LEARNING LOG – INTERVIEWING

1. What have you learned about the instrument itself that you want to be sure to remember?

2. What have you learned about conducting the interviews?

## NOTES

# SESSION 6

## FIELD PRACTICE

**Duration:**  
4 hours

**Discussion:**  
I. Organization of  
Field Practice

- Hospital Practice
- Health Center/  
Clinic Practice

### ORGANIZATION OF FIELD PRACTICE

- 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.
  - The trainer selects 4-5 people to conduct the hospital interview, and the order in which 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.
  - The trainer selects 2-3 people to conduct the clinic interview, and the order in which 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.

## NOTES

# SESSION 7

## DEVELOPING A FIELD IMPLEMENTATION PLAN

Duration:  
3 hours

Discussion:  
1. Reporting and Communication Structure

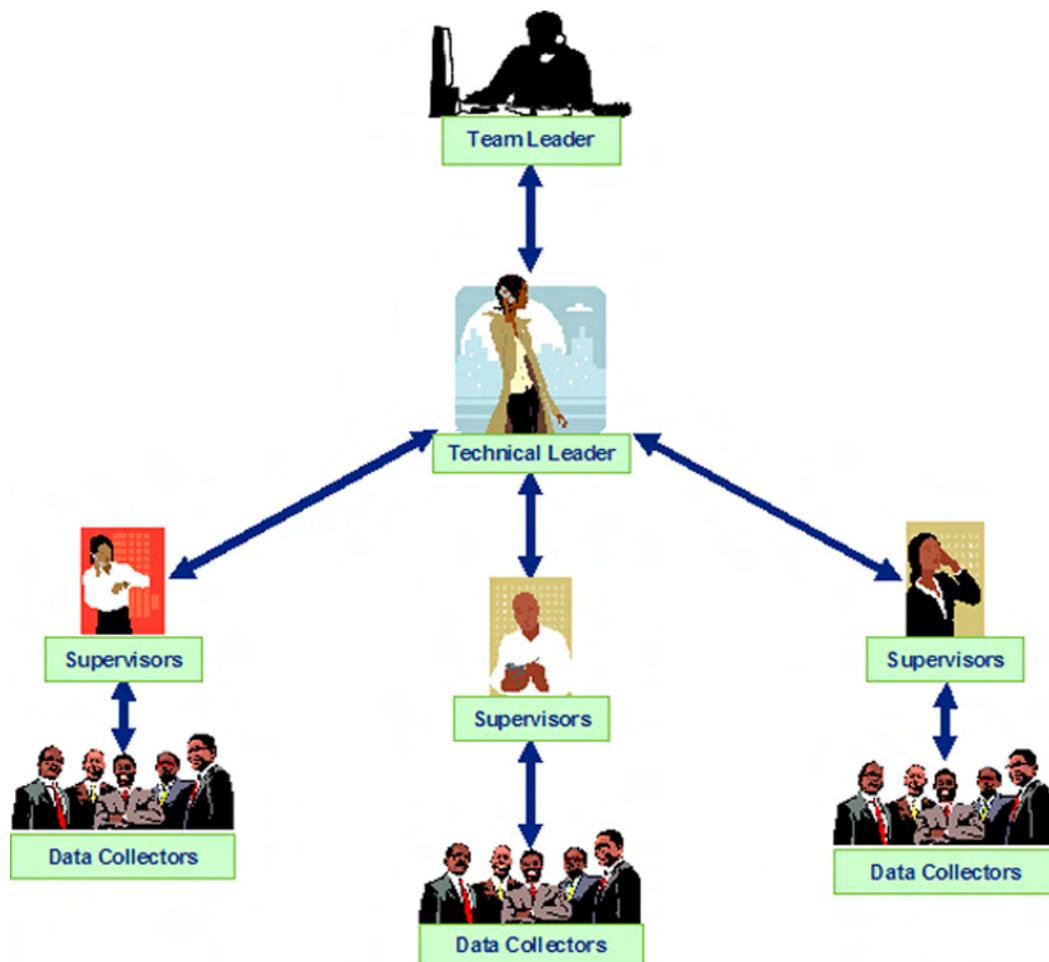
2. Roles and Responsibilities of the HRH Assessment Team

3. Field Implementation Plans

4. Team Task

5. Plan for Facility Visits

### REPORTING AND COMMUNICATION STRUCTURE FOR DATA COLLECTION



## ROLES AND RESPONSIBILITIES OF THE HRH ASSESSMENT TEAM

### TEAM LEADER

- Task: organizes and manages the entire assessment activity
  - Oversees all data collection activities, data analyses, and interpretation of results
  - Involves key stakeholders and ensures their contribution to the activity
  - Works in collaboration with the team to create reports, policy briefs, press releases, presentations etc.
  - Works with technical leader to present findings at dissemination activity
- Reports to: stakeholders and Ministry of Health (MOH)
- Limitations: works within fiscal and administrative guidelines as determined by project director and the MOH

### TECHNICAL LEADER

- Task: leads the team in all technical and administrative issues
  - Acts as liaison between USAID client, MOH, and team leader
  - Participates in data collection when schedule permits
  - Leads the training of data collectors and field strategy, and monitors the data collection process
- Reports to: the team leader who is usually based in the capital city
  - Can also communicate with team leader when in doubt
- Limitations: relies on client and team leader input to make decisions

## FIELD SUPERVISORS

- Task: responsible for supervising data collection teams
  - Responsible for quality assurance of data
  - Makes decisions on which sites to start and end with
- Reports to: the technical leader who is usually based in the capital city
  - Can also communicate with team leader when in doubt
- Limitations: only makes decisions for their assigned team

## DATA COLLECTORS

- Task: responsible for collecting data from the sites
- Report to: supervisor for any technical and administrative issues
- Limitations: no data collector will make independent decisions to change the sampling approach or site or questions

## DATA ENTRY CLERKS

- Task: responsible for entering data
- Report to: statistician who is usually a supervisor
- Limitations: will not make independent decisions to change the coding or interpretation of data without statistician's approval
  - Do not interact with data collectors

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### NOTE:

In order to effectively and efficiently implement the data collection activity, communication is vital among all team members and the channels of communication must be clearly defined. In situations where cell phones are available, supervisors will be provided with rented phones.

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## FIELD IMPLEMENTATION PLAN

- 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
- Review which data collection teams you are assigned to.
- Review the list of facilities that the team/technical leader provides to their team. In the next activity, you will be asked to develop a schedule to visit each facility. The supervisors will be responsible for notifying the facilities about the timing of the visit 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.
- Discuss the logistic arrangements. Learn how the following will be handled:
  - Transportation (whether vehicles will be rented or public transportation will be used)
  - Lodging for days in the field
  - Per diem
  - Communications (cell phones)
  - Copies of survey instruments
  - Copies of letters of introduction to the facilities

## TASK: DEVELOPMENT OF 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

**You have 65 minutes**

## PLAN FOR FACILITY VISITS

<b>Week 1</b>	<b>Facilities to be Visited</b>	<b>Team Members</b>
Sunday	Travel to region	
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	Review of first week	
<b>Week 2</b>		
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday	Return to capital	

# SESSION 8

## WRAP-UP AND NEXT STEPS

Duration:  
1 hour

Discussion:  
I. Workshop  
Evaluation

### WORKSHOP EVALUATION

Please share with us your assessment of the effectiveness of the workshop. We are interested in your sense of how it helped you reach the workshop objectives, how effective you felt the trainers were, and what you thought of the learning environment.

We would like to encourage you to circle the responses on the rating scales. We would also like to urge you to add your written comments, which will help us better understand your ratings and continue to improve the workshop in future offerings. You will find comment sections with each item, and a place for more general comments in Part Three of the form.

Rating Scale: Not Satisfied (1), Somewhat satisfied (2), Satisfied (3), Very Satisfied (4)

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**PART ONE: OVERALL SATISFACTION**

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What is your overall level of satisfaction with this workshop?

1	2	3	4
---	---	---	---

Comments:

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**PART TWO: ATTAINMENT OF WORKSHOP OBJECTIVES**

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What is your level of satisfaction with the way in which the workshop helped you achieve the following objectives?

Understand the context and rationale for the HRH assessment.

1	2	3	4
---	---	---	---

Comments:

Discuss the overall HRH assessment process.

1	2	3	4
---	---	---	---

Comments:

Describe the field strategy for the assessment.

1	2	3	4
---	---	---	---

Comments:

Become familiar with the data collection instrument.

1	2	3	4
---	---	---	---

Comments:

Practice skills required to use the instrument effectively.

Comments:

1	2	3	4
---	---	---	---

Develop a plan for field implementation.

Comments:

1	2	3	4
---	---	---	---

Clarify the logistical issues related to field implementation.

Comments:

1	2	3	4
---	---	---	---

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**PART THREE: EFFECTIVENESS OF THE TRAINERS AND QUALITY OF THE LEARNING ENVIRONMENT**

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What is your assessment of the trainers' effectiveness?  
Comments:

1	2	3	4
---	---	---	---

What do you think of the quality of the training materials?  
Comments:

1	2	3	4
---	---	---	---

How do you feel about the training facility?  
Comments:

1	2	3	4
---	---	---	---

What was the most useful aspect of this workshop?

What was the least useful aspect of this workshop?

Any other comments?

U.S. Agency for International Development  
1300 Pennsylvania Avenue, NW  
Washington, DC 20523  
Tel: (202) 712-0000  
Fax: (202) 216-3524  
[www.usaid.gov](http://www.usaid.gov)