

# Training Report



**Course:** Data management and supervision for mid and high level TB & TB/HIV program managers.

**Venue:** National TB & Leprosy Training Center, Zaria, Nigeria

**Dates:** 27<sup>th</sup> October – 7<sup>th</sup> November 2008

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**Key Words**

Tuberculosis, Data management, TB, TB&HIV

**Disclaimer**

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## Acronyms

ATS	American Thoracic Society
CDC	Centers for Disease Control and Prevention
FHI	Family Health International
HIV	Human Immunodeficiency Virus
JATA	(Japan Against TB Association (JATA),
KNCV	Royal Netherlands Tuberculosis Association
M&E	Monitoring and Evaluation
MSH	Management Sciences for Health
NTBLTC	National TB & Leprosy Training Center
NTCPs	National Tuberculosis Control Programs
TB	Tuberculosis
TBCAP	Tuberculosis Control Assistance Program
TB CTA	Tuberculosis Coalition for Technical Assistance
The Union	The International Union Against Lung Disease and Tuberculosis
USAID	United States Agency for International Development
WHO	World Health Organization

## **ACKNOWLEDGEMENTS**

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The management of the center wishes to acknowledge the support of Emmy van der Grinten (KNCV), Ieva Leimane (KNCV), Ineke Huitema (PMU) and Pedro G. Suarez (MSH) for their support in ensuring this course was a success.

# ***Report on the Training of mid and high level TB & TB/HIV managers from seven Anglophones African countries on data management and supervision***

**Organized by: National TB & Leprosy Training Center in collaboration with TB CAP (KNCV & MSH as implementing partners)**

**Report: Mustapha Gidado**

## **Background**

The Tuberculosis Coalition for Technical Assistance (TBCTA) is a unique coalition of the major international organizations in TB control: American Thoracic Society (ATS), Centers for Disease Control and Prevention (CDC), Family Health International (FHI), Japan Against TB Association (JATA), KNCV Tuberculosis Foundation (KNCV), Management Sciences for Health (MSH), The International Union Against Lung Disease and Tuberculosis (The Union) and the World Health Organization (WHO). TBCTA is implementing a USAID funded program called TB Control Assistance Program (TB CAP) in the period 1 October 2005 – 30 September 2010, with KNCV Tuberculosis Foundation as the lead partner.

Improving human and institutional capacity is one of the priority technical areas to which TB CAP is providing support. One of the important problems TBCTA partners have noted is the lack of training institutes in Africa and Asia that provide internationally recognized trainings for mid- and high-level managers and technical staff in TB control. In response, TB CAP has developed a project that aims at building TB training capacity in an existing training institute.

A global request for applications was conducted in May, 2007. Of several applications received, NTBLTC Zaria was selected as the best institute in Anglophone Africa to receive support to develop itself as a Regional Training Center for Anglophone Africa.

The fact that NTBLTC Zaria is already the National TB training institute and part of the National Program together with their extended experience in training, problem based approach and ability to use pool of National facilitators made them a strong candidate for the regional center. Also their experience in training doctors from Gambia on TB control was an added value.

Based on this background the NTBLTC in collaboration with KNCV and MSH organized an international TB course held in Zaria, Nigeria from October 27 to November 07, 2008 to address issues on data management and supervision.

## **ACTIVITIES:**

### ***1.1 Pre training activities***

In the months leading up to the training, NTLTC Zaria, KNCV and MSH were engaged in intense communications regarding the organizing the logistics and materials on the training.

TB CAP (PMU, KNCV and MSH) delivered two international missions to Zaria in 2007 and August 2008. The purpose of these visits were to prepare NTLTC Zaria to deliver the first International Regional Training Course for Anglophone Africa in October 2008 "Management and Supervision for TB and TB/HIV managers" and to follow up the level of implementation of the project by Zaria.

Also TB CAP provided support to distribute final announcement through TB CAP website, and country projects.

Letters of invitation for the course were sent to all the Anglophones countries and the selection was on first come first serve. Nine countries indicated interest in the course but only seven were selected and the remaining two were asked to wait for next year.

### **1.2 Logistics arrangement on participant's arrival and departure.**

All international participants arrived through Lagos International airport, the arrangement was that all of them arrived same dates with only intervals of hours between the different countries. Participants were received by the logistic officer of the training center and brought them to a hotel proximal to the airport for security reasons. The logistic officer flew with them to Kaduna in the North and proceeded to the school, which is a 45-minute drive from the airport. The same arrangement was made for their departure after the training, all participants reported to have arrived in their respective countries safely and sound.

### **1.3 Facilitators**

Facilitators for the training were selected from the centers' pool, especially among those that attended the last TOT organized by the center in collaboration with TB-CAP. The principle of the selection was based on areas of expertise and experience. Therefore facilitators were from partners like WHO and FHI/Ghain, field officers and training centers facilitators. Facilitation was done as a team bringing in different experiences to guide the participants. Details of the program sessions and facilitators see attached annex 1.

Facilitators were requested to give feed back on the training to the center; summary of the facilitators report is presented in annex 2.

### **1.4 Opening ceremony:**

The Head of TB/HIV Division of the Federal Ministry of Health, Nigeria Dr N. Njepuome declared the meeting "open". The following partners of the center (TB CAP- Nigerian office, MSH, WHO country representative, Netherlands Leprosy Relief and FHI/Ghain) attended the opening ceremony.

All representatives gave good will messages and encouraged participants to share their experiences during this training.

There was a TB CAP presentation by Pedro Suarez, who discussed the role of this training course in relation to the overall objectives of TB CAP activities. He emphasized the importance of effective data analysis, interpretation of problems and providing effective supervision to general health care workers to increasing TB case detection their respective countries. He said, "Computers and soft wares will not solve our problems, rather the people at the facility with the appropriate knowledge and skills".

The Head of TB/HIV Division started her address by first commending the hard work of management of the training center and their contribution to the overall human resource development in the TB program in Nigeria. She congratulated them for this giant steps in organizing the first International course on TB in Nigeria. She welcomed the support of TB CAP in this project and pledged for the Federal Ministry of Health will continue to collaborate with TB CAP, NLR IHVN and all other stakeholders willing to contribute to the control TB and HIV/AIDS in Nigeria. The Divisional Head challenged all the participants to translate this training to effective program management in their respective countries, as good program management may not necessarily require additional funding but commitment by program managers. She encouraged them to enjoy their stay in Nigeria and share their experiences with other colleagues that Nigerian is safe and not as bad as it is painted.

The Head of TB/HIV Division acknowledged the human resource crisis of the center and the control program. The Federal Ministry of Health is addressing the problem of the human resource of the center she said.

The participants had a tour of the facility with the training coordinator and the principal of the training center; they were excited by the “one stop shop’ approached of the center on TB/HIV collaborative activities with very good infection control measures.

### **1.5 Training activities:**

All participants (21) that were invited attended the training (100% attendance). Five of the participants were females representing 24% of the total participants. Participants were from seven countries, DRC, Gambia, Ghana, Nigeria, Kenya, Tanzania and Zambia. See detailed list of participants annex 3. Each country was represented by a team of three participants (program managers, M & E officers and logistic managers) which was to ensure effective team work, appreciating the role of each other in ensuring quality of data and its effective utilization

The training program was for a period of two weeks; week one was on data management, while week two was on supervision and field trips.

### **1.6 Training objectives**

#### *Knowledge*

1. Components of the Stop TB Strategy as it relate to program objectives/target
2. Indicators and targets for TB and TB/HIV collaborative activities
3. Data management cycle
4. Data collection tools
5. Performance gap analysis
6. All components of supportive supervision

#### *Skills*

1. Accurate completion of all recording and reporting formats
2. Data analysis and priority setting (using priority setting matrix)
3. Data presentation to different stakeholders
4. Designing an action plan
5. Report writing
6. Communication
7. Problem solving skills

### **1.7 Participant’s expectations:**

Despite the above stated objectives, participants were asked to list their expectations from the workshop considering their level of experience in the TB and TB/HIV program. The following were the participant’s expectations:

1. Learn practical ways that data we generate can be used in influencing work and give better feedback.
2. To know methods of improving quality of data, analysis and interpretation of data.
3. Know how data can be used in decision making and planning.
4. Learn how to analyze TB/HIV data.
5. To share experiences from other countries on how to ensure effective supervision.
6. To know how the Stop TB strategies will be applied to increase case detection.

NB: These expectations were compared with the content of the training program and most of the issues raised by the participants were captured in the program. However certain issues where beyond the scope of the program and participants were asked to put them on the parking lot for individual discussions, time was provided to address individuals/countries specific needs and reference materials provided.

## **1.8 Training sessions:**

The training sessions were structured in such a way that facilitators introduced topics and participants worked in small groups using case scenarios. Presentations were then made in plenary sessions. Participants worked in various groups either as a country teams or with members from different countries. This arrangement facilitated sharing experiences and applying the learning to real situations. For each topic participants were encouraged to write down what lessons were learned for possible application as an individuals or country after the training.

## **1.9 Assessment:**

Only formative assessment was used in the training. Individuals or groups were given feedback on their group work and presentations by their colleagues and facilitators.

Every morning participants were asked to discuss what they learned in the previous day in form of (A' HA) meaning what was completely new to them or exciting to know and relate it to their work places/countries.

The teams were asked to develop a six-month country work plan on how to improve data management and supervision following this course, which was presented on the final day. Individual countries were given feedback on their presentations and the following was general for all the groups:

- Think simple and think of the health workers at the facility levels rather than at higher levels, because the real work is at the facility.
- Use existing system like supervision and regular meetings to provide on the job training
- Use the priority setting matrix, as all problems cannot be solved at once.
- Think of what you can do first before thinking of what others should do.
- Use existing activities to introduce new concepts and plans- it will not cost extra money.

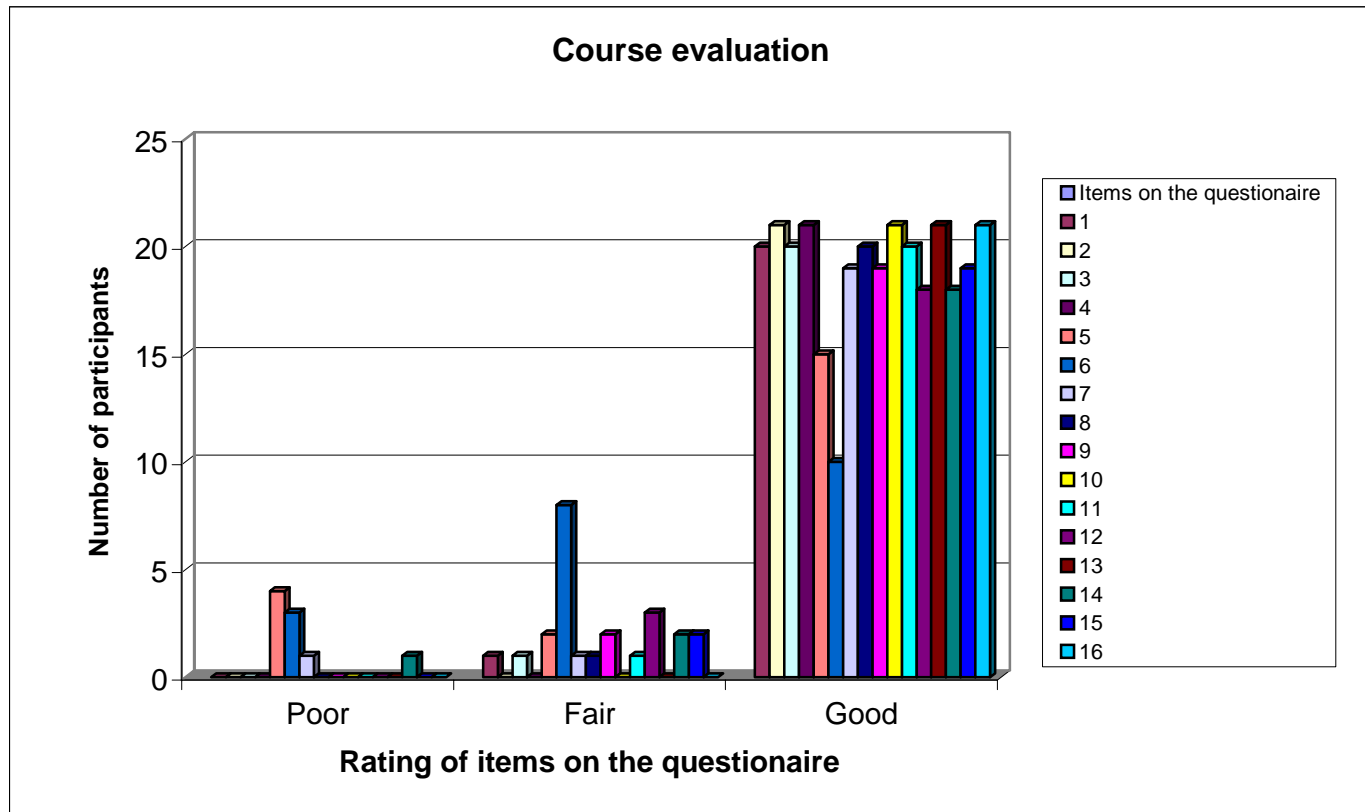
NB: Participants were asked to finalized the plan within one week and share with their TB CAP project officers in countries and the training center for follow-up.

## **10.0 Out come:**

1. *Summary list of common problems and solution to data management (annex 4)*
2. *How implementation of TB/HIV collaborative activities can bring about improvement in TB case detection (annex 5)*
3. *Country work plan (annex 6)*

## End of workshop evaluation by participants:

A structured questionnaire with sixteen items was used for the evaluation of the training (Annex 7).



- The highest (100%) positive points for the training were:
  - The workshop was informative and relevant
  - The organization of the training was adequate
  - The training has increase my interest in TB work
  - Expectations for the training were achieved
  - The facilitators were supportive
- Areas for improvement are:
  - Accommodation
  - Meals

Statements from the participants;

“We had a great time and unique experiences (lectures, interaction among each other, diet etc)  
 We really congratulate the whole training institute team for a successful 1st international course.  
 You can only move forward from this point”.

**List of facilitators:**

Dr Obasanya J. O	Principal, NTBLTC, Zaria
Dr Gidado M	Training coordinator, NTBLTC, Zaria
Dr Omoniyi A. F	TB/HIV NPO WHO, Nigeria
Dr Kene T. S	Senior Medical Adviser Documentation/Public health evaluation FHI/Ghain Nigeria
Dr Ogiri S	TUB-NPO North – Central Zone, WHO
Mr Huji J.	Internal Facilitator, NTBLTC, Zaria

**Support staff:**

Mr Jimoh K.	Internal facilitator/logistic officer
Mr Kamal Y.	IT
Alh. Zuntu A.	Internal Facilitator

**Next Steps**

The follow-on process was discussed with the representatives of the TB CAP. The NTBLTC would like to pursue ways to undertake the following next steps;

- Follow-up on implementation of country work plans: Follow-up will be carried out in close coordination with TB CAP country projects in Nigeria, DRC, Gambia, Ghana, Kenya, Tanzania and Zambia. KNCV and MSH will support this activity.
- TB CAP should provide international technical assistance and financial support to NTBLTC to organize 2<sup>nd</sup> training in October 2009.

## Annexes

### ***Annex 1 Training program***

#### **DAY ONE**

<b>TIME</b>	<b>ACTIVITY</b>	
<b>Opening ceremony Program:</b>		
<b>8:30 - 9:00 am</b>	<ul style="list-style-type: none"><li>• Introductions</li><li>• Welcome Address/up dates on NTBLTC Zaria</li><li>• Purpose &amp; Objectives of Training</li></ul>	Obasanya J. O  Gidado M
<b>9:00 – 9.30am</b>	Overview of the Nigerian TB program (Success and challenges)	Dr M Kabir (NC-NTBLCP)
<b>9:30 – 10.00am</b>	<b>Overview of TB CAP project</b>	Pedro S
<b>10:10 - 10:30 am</b>	Goodwill messages by partners <ul style="list-style-type: none"><li>• ILEP-NLR</li><li>• IHVN</li><li>• USAID</li><li>• MSH- Nigeria</li><li>• WHO</li><li>• FHI/Ghain-Nigeria</li></ul>	
<b>10:30 - 10:45 am</b>	Address by the Head TB/HIV Division Federal Ministry of Health Declaring training open	Dr N. Njebuome
<b>10:45 – 12.00 noon</b>	<b>T E A / C O F F E E B R E A K AND FACILITY TOUR</b>	

#### **Training activities:**

<b>12:00 - 01:00pm</b>	TB/HIV collaborative activities (How can implementation of TB/HIV collaborative activities improve case detection in TB program – group work)	
<b>01:00 - 02:00 pm</b>	<b>L U N C H</b>	<b>L U N C H</b>
<b>02:00 - 04:00 pm</b>	Indicators and target for TB and TB/HIV collaborative activities	

#### **DAY TWO**

<b>08:30 – 10:30am</b>	Data Management <ul style="list-style-type: none"><li>• Data management Cycle as it relates to TB control program</li><li>• Data collection processes and tools</li><li>•</li></ul>	
<b>10:30 - 11:00 am</b>	<b>T E A / C O F F E E B R E A K</b>	
<b>11:00 - 01:00pm</b>	Data Management	

- Group work on completion of the different recording and reporting formats use in TB control
- Plenary discussion

**01:00 – 02:00 pm LUNCH**

**02:00 - 04:00 pm** Data Management  

- Group work on data analysis and interpretation

**DAY THREE**

**TIME ACTIVITY**

**8: 30 - 10:30 am** Data Management  

- Plenary presentation on TB and TB/HIV collaborative activities indicators.

**10:30 - 11:00 am TEA / COFFEE BREAK**

**11:00 - 01:00pm** Data Management  

- Discuss data presentation to different group of audience.
- Group work on data presentation and plenary.

**01:00 - 02:00 pm LUNCH LUNCH**

**02:00 - 03:00 pm** Data Management  

- Uses of data
- Challenges/problems associated with data management

**03:00 - 04:00 pm** Methods of giving feedback to lower and higher levels

**DAY FOUR**

**08:30 – 10:30am** Performance gap analysis  

- Concept and frame work

**10:30 - 11:00 am TEA / COFFEE BREAK**

**11:00 - 01:00 pm** Performance gap analysis  

- Group work performance gap analysis.
- Plenary presentation

**01:00 - 02:00 pm LUNCH LUNCH**

**02:00 - 04:00 pm** Performance gap analysis  

- Discuss priority setting matrix
- Group work on identifying and setting priorities
- Plenary

**DAY FIVE**

**08:30 – 10:30am** Development of action plan  

- Steps in developing action plan

**10:30 - 11:00 am TEA / COFFEE BREAK**

**11:00 - 01:00 pm** Group work

01:00 - 02:00 pm    **L U N C H**                    **L U N C H**

02:00 - 04:00 pm    Plenary discussion

**DAY SIX**

08:30 – 10:30am    Introduction to Supervision

10:30 - 11:00 am    **T E A / C O F F E E B R E A K**

11:00 - 01:00 pm    Role communication skills in effective supervision

01:00 - 02:00 pm    **L U N C H**                    **L U N C H**

02:00 - 04:00 pm    Styles of Supervision and Staff motivation

**DAY SEVEN**

08:30 – 10:30am    Problem solving skills in supervision

10:30 - 11:00 am    **T E A / C O F F E E B R E A K**

11:00 - 12:00 am    Group work on problem solving skills

12:00 - 01:00 pm    Preparation for Supervision

01:00 - 02:00 pm    **L U N C H**                    **L U N C H**

02:00 - 04:00 pm    Preparation for Supervision Cont

**DAY EIGHT**

**Field Trip**

**DAY NINE**

09:00 – 10:30am    Report writing  
• Skill of reporting writing  
• Identifying and discussing recommendation  
• Plan of action

10:30 - 11:00 am    **T E A / C O F F E E B R E A K**

11:00 - 01:00pm    Report writing  
• Identifying stakeholders  
• Dissemination of reports

01:00 - 02:00 pm    **L U N C H**

02:00 - 04:00 pm    Presentation

**DAY TEN**

09:00 – 10:30am    Next steps for individual country participants

10:30 - 11:00 am    **T E A / C O F F E E B R E A K**

11.00 - 01:00 am    Plenary presentation of countries next steps  
Evaluation of the training  
Workshop closure/departure

## ***Annex 2: Summary of facilitators report.***

### **Introduction**

The first international course on data management and supervision was an opportunity to bring middle cadre TB staff from different countries to share experiences in a learning atmosphere devoid of interference from field activities.

### **Structure**

The course was 20% didactic, 20% fieldwork and 60% group work and experience sharing. Facilitating a cross cultural audience was very challenging but rewarding because both participants and facilitators learnt immensely from countries that are doing well in terms of meeting STOP TB targets and peculiar factors militating against the achievement of these targets in most countries.

### **Strength**

The course organizers took special interest in the overall welfare and security of participants with a mix of social activities that encourage full concentration on the course content. The mix of different cadre of staff created a team that will impact on program activities after the course.

### **Weakness/Threat**

The non-involvement of TB top managers will likely impede the implementation of the solutions to issues identified as major challenges.

### **Opportunities**

This course has created an opportunity for networking among participants and continuous mentoring by facilitators which if harness will improve the quality of service delivery.

### **Recommendation**

- The flip chart presentations from the groups should be converted to power point presentation to form reference materials for the current participants and resource materials for the next course
- Participants should be discouraged from using the wireless Internet during sessions to avoid distractions.
- International facilitator should be invited, so that participants can have variety of ideas.
- Facilitators should be accommodated in same hostel with the participants, because their issues at the parking lot that could be discuss at free periods.



### Annex 3: List of participants

S/N	FIRST NAME	SURNAME	SEX	ORGANIZATION	DESIGNATION	EMAIL	TELEPHONE
1.	Mary –Anne	Ahiabu	F	NTP, Ghana	Drug Mgt & Logistics Officer	woedem@yahoo.co.uk	+23321660023 +233244585426
2.	Clara Chola	Kasapo	F	NTP Zambia	TB/Leprosy Manager	clarakasapo@yahoo.co.uk	+260978402306
3.	Tijjani	Hussaini	M	MOH, Kano	Deputy TBLCO	ghuddaini@yahoo.com	07038696066
4.	Clifford	Munyandi	M	NTP, Zambia	Data Manager	kylliemb@yahoo.com	+260977831169
5.	William Wireko	Ansah	M	NTP Ghana	Biomedical Scientist	williamwirekoansah@yahoo.com	+233244750528
6.	Jack	Galley	M	GHS Ghana	District Medical Officer	Jack-galley@yahoo.com	+233244544866
7.	Immaculate	Kathure	F	NTP Kenya	Regional TB Co-ordinator	iakathure@yahoo.com	+254722259844
8.	Mwanaisha	Nyamkara	F	NTLP Tanzania	TB/HIV Co-ordinator	mnyamkara@yahoo.co.uk	+255754977752 +255222124500
9.	Sainey	Cham	M	NLTP, Gambia	District TBL Supervisor	leptbbjl@gamtel.gm	+2209987284
10.	Modou J.	Bah	M	NLTP Gambia	Lab. Technologist	mamadoujuldehbah@yahoo.com	+220(7742151)
11.	Marie Leopodine	Mbulula	F	NTP, Dr Congo	Data Manager	leonbula@yahoo.fr	(+243)816677178
12.	Mano	Ntayingi M.	M	Axxes USAID/DRC	Data Manager	manontayingi@sanru.org	(+243)815000209
13.	Kemboi	Sammy Kipserem	M	NTP Kenya	District Co-ordinator	samrop.kip@gmail.com	+25407381127222
14.	Mengich	Tomno Wesley	M	NTP Kenya	Co-ordinator CB-DOTS	werleytomuo@yahoo.com	+254722868816
15.	Bryceson	Malewo	M	NTLP Tanzania	Laboratory Technologist	brycesonmalewo2000@yahoo.com	+255782434388
16.	Emmanuel	Nkiligi	M	NTLP, Tanzania	Data Manager	enkiligi@hotmail.com	+255222124500 +255713604812
17.	Dawda	Ceasay	M	NLTP, The Gambia	M&E Officer	edawda@hotmail.com	+2209988480
18.	Olufemi	Ajumobi	M	NTBLCP, Nigeria	Medical Officer	femiajumbi2002@yahoo.com	07035590329
19.	Segun	Adeshina	M	NTBLTC Nigeria	M&E Officer	<a href="mailto:kingorion007@yahoo.com">kingorion007@yahoo.com</a>	08039208345
20.	Kamerhe	Didier	M	PNLS	Medical Officer	didierkamerhue@yahoo.fr	0999935159
21.	Sylvester	Chanda	M	NTP Zambia	TB/LEP FPP	sylvesterchanda@rocketmail.com	+260978152165

## **Annex 4: Summary list of common problems and solution to data management**

### **GROUP 1**

#### **CHALLENGES OF DATA MANAGEMENT SYSTEMS**

- Many recording tools/reporting tools sometimes not according to guidelines.
- Shortage of health staff ⇒ poor quality of data/delay in reporting =A lot of report to write.
- Poor quality of data/delay in reporting and a lot of reports to write.
- Lack of trained man power + equipment ⇒De-motivation.
- Vertical nature of NTP's; Data/supply is only by NTP staff.
- Data supply only by NTP's staff
- Poor data analysis/interpretation and lack of feedback.
- Timeliness in reporting.
- Inadequate funding-at all levels to support data management systems.

#### **SOLUTIONS**

- Integrate the tools into the HIMS tools and clear guidelines for the users/training of personnel.
- Mobilization of donors to employ personnel.
- Train community health workers to assist plan on how to sustain.
- Integrate TB/HIV activities into the general health system/Reporting should be discussed and adopted in districts/regions before submitting to the various NTP's hierarchy.

### **GROUP 2**

#### **CHALLENGES AT THE FACILITY LEVEL;**

- Complex data collection forms
  - Too many information to collect.
- Staff attrition.
- Workload is high.
- Staff motivation
  - Poor working environment
  - Non-availability of working tools
  - Non-use of information generated for decision making at lower and higher levels
- Completeness/accuracy/timeliness of report.

#### **AT DISTRICT/REGIONAL LEVEL;**

- Lack of resources for data transfer
  - Logistics
  - Communication system
  - Fuel, transport etc.
- Staff competence in data management
- Non-utilization of data for decision making
- Lack of feedback to lower levels.

### **GROUP 3**

#### **CHALLENGES AT FACILITY LEVEL;**

- Multiple data collection tools
- High workload.
- HR issues
  - Inadequate staffing
  - Lack of proper training on tool use
  - High rate of staff attrition
  - De-motivating staff
- Lack of adequate support supervision
- Lack of feedback to HF
- Lack of data utilization/ownership

- Inaccuracy, incomplete and late reporting.

**DISTRICT PROVINCIAL LEVEL;**

- Transcription error
- Late reporting from district provincial to the national level.
- Lack of feedback/data utilization.

**AT NATIONAL LEVEL;**

- Lack of feedback to district level
- Lack of an M & E specialist.

***Solutions;***

1. Harmonization of data collection tools by all partners
2. Effective and regular supervision
3. Supervisor's should always look at primary source of data while on supervision (patient record cards)
4. Timely feedback to facility

***Annex 5: How implementation of TB/HIV collaborative activities can bring about improvement in TB case detection)***

- Screen all HIV patients for TB
- Create awareness among people living with HIV/AIDS on signs and symptoms of TB and where they can seek care.
- Open DOTS centres at all HIV care centres
- Improving data collection tools to capture all TB patients diagnosed in HIV centres.
- Strengthen referral linkages.

**Annex 6: Country work plan**

*See different folder attached.*

## **Annex 7; Evaluation form**

### **NATIONAL TUBERCULOSIS AND LEPROSY TRAINING CENTRE ZARIA**

#### **END OF COURSE EVALUATION**

NB. Please circle on the following statements by using numeric method as follows:  
1=strongly disagree 2=disagree 3=neutral opinion 4=agree 5=strongly agree.

#### **(A)**

- |   |           |
|---|-----------|
| 1 I experienced a pleasant learning atmosphere during the course          | 1 2 3 4 5 |
| 2 The training was informative  | 1 2 3 4 5 |
| 3 The training has increase my interest in TB/HIV data<br>Management work | 1 2 3 4 5 |
| 4 The organization of the training was adequate                           | 1 2 3 4 5 |
| 5 The accommodation was good  | 1 2 3 4 5 |
| 6 The meals were good   | 1 2 3 4 5 |
| 7 The duration of the course was adequate                                 | 1 2 3 4 5 |
| 8 The objectives of the course were made clear                            | 1 2 3 4 5 |
| 9 All the objectives were covered during the training                     | 1 2 3 4 5 |
| 10 The content of the course was relevant to job                          | 1 2 3 4 5 |
| 11 The personal goals I had before this training were met                 | 1 2 3 4 5 |
| 12 The learning materials given were relevant                             | 1 2 3 4 5 |
| 13 Various learning methods were used                                     | 1 2 3 4 5 |
| 14 I learnt more in group work (tutorial group)                           | 1 2 3 4 5 |
| 15 The practical field posting was use full                               | 1 2 3 4 5 |
| 16 The facilitators were supportive                                       | 1 2 3 4 5 |

**(B)**

COMMENT FREELY ON THE FOLLOWING OPEN QUESTIONS:

(1) Which session (s) you found much difficult and why? -----

-----  
-----  
-----

(2)which session (s)do you think is/are most relevant to your job?-----

-----  
-----  
-----

(3)which session (s) you think is/are less relevant to your job?-----

-----  
-----  
-----

(4)what is your opinion on the methods of assessment used?-----

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(5)what will you suggest to make the course better in feature:-----

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