FACILITATOR GUIDE

Hard Skills Capacity Building for

PHC Performance Management Programme

A practical five-day training to strengthen Primary Health Care managers' ability to use data, digital tools, and quality improvement methods to improve service delivery.

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Abbreviations

Abbreviation	Full Term
ANC	Antenatal Care
ART	Antiretroviral Therapy
DHB	District Health Barometer
DHIS	District Health Information System
DHMIS	District Health Management Information System
ETR.Net	Electronic Tuberculosis Register
HIV	Human Immunodeficiency Virus
HISP	Health Information Systems Programme
HR	Human Resources
ICMS	Ideal Clinic Monitoring System
IT	Information Technology
M&E	Monitoring and Evaluation
NCS	National Core Standards
NIDS	National Indicator Data Set
PHC	Primary Health Care
PDSA	Plan–Do–Study–Act
QI	Quality Improvement
SOP	Standard Operating Procedure
TB	Tuberculosis
Tier.Net	TIER Network (electronic HIV and TB patient management system)
VL	Viral Load

Course Overview

The Hard Skills Capacity Building for PHC Performance Management Programme is a practical training designed to strengthen Primary Health Care (PHC) Managers' ability to use data, digital tools, and quality improvement (QI) methods to improve service delivery. The programme builds essential managerial and analytical skills to turn routine data into actionable insights and measurable improvements.

Day 1	Day 2	Day 3	Day 4	Day 5
Digital Literacy & MS Office	Data Management & Quality	Data Sources & Interpretation	Quality Improvement for PHC	Practicum & Application

Course Outcomes

By the end of the programme, participants will:

- Confidently use data for planning, monitoring, and improvement.
- Apply QI tools to diagnose problems and implement changes.
- Demonstrate MS Office skills for analysis and reporting.
- Navigate key health information systems and dashboards.
- Develop and present actionable improvement plans.
- Strengthen teamwork and accountability at facility level.

Participant Requirements

- Laptop/Computer with recent Microsoft Office package (e.g. 365/Windows 11) installed.
- Access to DHIS/Tier.Net demo or screenshots (provided by facilitator if needed).
- Notebook and pen for notes.
- Optional: Facility-level data for practicum exercises.

Facilitator Briefing Note

> *READ THE CONTENT BEFORE DELIVERY*

Purpose of This Training

This training strengthens practical data use and quality improvement skills among PHC managers and staff. It moves deliberately from digital literacy (Day 1), to data management and quality (Day 2), to data systems and interpretation (Day 3), to quality improvement tools (Day 4), and finally to applied practice (Day 5).

Target Audience

PHC managers, supervisors, programme coordinators, and data-responsible staff with mixed levels of digital and data confidence.

Facilitation Principles

- Do not read slides verbatim.
- Use PHC examples wherever possible.
- Encourage peer learning and discussion.
- Prioritise understanding and application, not technical perfection.
- Reinforce that this is a safe learning space.

Inclusive Facilitation Tips

- Use plain language and avoid jargon.
- Pair stronger and weaker participants for peer support.
- Allow extra time for exercises where needed.
- Use visuals and demonstrations to aid understanding.

Facilitator Quick Reference

Daily Logic

Day 1	Build confidence with tools
Day 2	Build trust in data
Day 3	Turn data into insight
Day 4	Turn insight into improvement
Day 5	Practise the full cycle

What Matters Most

1. Trends are more important than single data points.
2. Interpretation is more important than navigation.
3. Small tests are better than big plans.
4. Learning is more important than perfection.

Common Facilitation Risks

Risk	How to Avoid
Over-explaining technical detail	Stick to key points; use simple language and PHC examples; offer to explain more detail after the session.
Rushing practical exercises	Monitor the room; allow extra time; pair faster learners with those who need support.
Jumping to solutions too early	Encourage discussion and analysis before proposing solutions; use 5 Whys or Fishbone.
Treating QI as a once-off project	Reinforce that QI is iterative; highlight PDSA learning cycles; integrate QI into everyday work.

Day-by-Day Purpose and Transitions

Day	Purpose	Transition
Day 1: Digital Literacy & MS Office	Establish baseline digital confidence.	*Now that we are confident using basic digital tools, we turn to how data is collected, managed, and checked before it is used.*
Day 2: Data Management & Quality	Build shared understanding of the information cycle, data quality, and data use.	*Once data is well managed and trusted, the next step is knowing where to find it and how to interpret it for decisions.*
Day 3: PHC Data Sources & Interpretation	Strengthen ability to access, interpret, and use data from key health information systems.	*Data helps us identify problems and priorities. QI tools help us respond in a structured way.*
Day 4: Quality Improvement for PHC	Introduce QI as a practical, data-driven method for improving service delivery.	*Tomorrow, you will apply these tools in a practicum that brings together data, targets, and improvement actions.*
Day 5: Practicum	Consolidate learning through a guided mini-project in a safe learning environment.	

Troubleshooting Common Digital Challenges

Facilitators may encounter various technical issues during training. Below is a guide to help address common challenges quickly.

General Tips

- Always save work frequently.
- Encourage participants to ask for help early.
- Have printed instructions for basic troubleshooting steps.
- Keep a backup USB with essential files and slides.

Issue	Quick Fix
Word: Document not saving	Check file path and storage space; save to Desktop or Documents.
Word: Formatting problems	Use “Clear Formatting” before reapplying styles.
Excel: Formula not working	Ensure formula starts with “=”; check cell references and remove spaces.
Excel: Incorrect calculations	Verify data types; format cells as numbers; use “Text to Columns.”
Excel: Chart not displaying	Check data range selection; remove blank rows.
PowerPoint: Slides not advancing	Check slideshow settings; disable “Presenter View.”
PowerPoint: Images missing	Reinsert images from local storage; confirm file paths.
Connectivity: Internet issues	Use offline screenshots or demo videos as backup.
System crashes/freezes	Restart computer; clear temporary files; update antivirus.
Projector/display issues	Check cable connections; set display to “Duplicate Screen.”
Lost files	Save in known location; enable autosave; use clear file names.
Version confusion	Add version numbers or dates to file names (e.g., Report_v1_2025.docx).

Facilitator Preparation Checklist

Before starting the training, ensure the following:

- Venue setup: projector, power outlets, seating arrangement.
- Test laptops/software: MS Office installed and functioning; DHIS/Tier.Net demo or screenshots ready.
- Print participant handouts, templates, and Glossary.
- Prepare flipcharts, markers, sticky notes for group work.
- Check internet connectivity for dashboard demonstrations.
- Review slides and practice transitions between sessions.
- Confirm participant list and any special needs (language, accessibility).

Risk Management for Data Confidentiality

- Use anonymised or simulated data for exercises.
- Reinforce confidentiality during practicum activities.
- Do not share real patient identifiers in group work.

Training Schedule

Training duration: 5 days | **Daily duration:** ±6.5 hours (excluding breaks) | **Approach:** Interactive, hands-on, group-based learning

> *Time allocations are indicative and allow flexibility based on participant pace. Where sessions run long, prioritise core concepts and practical application over completeness.*

Day 1: Digital Literacy & Microsoft Office Skills

> **Purpose**
> Build baseline digital confidence to support later data and QI work.

Time	Session	Focus
08:30–09:00	Session 1.1	Orientation and expectations
09:00–10:00	Session 1.2	MS Word: navigation and document management
10:00–10:45	Session 1.3	MS Word: text entry and formatting
10:45–11:00	***Tea break***	
11:00–11:45	Session 1.4	MS Word: tables, headers, bullets
11:45–12:45	Session 1.5	MS Excel: introduction and interface
12:45–13:30	***Lunch***	
13:30–14:45	Session 1.6	MS Excel: data entry and simple calculations
14:45–15:30	Session 1.7	MS Excel: charts and visualisation
15:30–16:00	Session 1.8	MS PowerPoint: basics
16:00–16:30	Session 1.9	Integrated practical exercise

Day 2: Data Management and Data Quality

> **Purpose**
> Strengthen understanding of the information cycle, data quality, and data use.

Time	Session	Focus
08:30–09:00	Session 2.1	Introduction to data management and the information cycle
09:00–10:00	Session 2.2	Data collection: principles, sources, tools
10:00–10:45	Session 2.3	Data processing and data quality
10:45–11:00	***Tea break***	
11:00–12:00	Session 2.4	Data verification and validation
12:00–12:45	Session 2.5	Data analysis: facility-level assessment
12:45–13:30	***Lunch***	

Time	Session	Focus
13:30–14:30	Session 2.6	Basic descriptive statistics
14:30–15:15	Session 2.7	Data presentation: tables and graphs
15:15–16:00	Session 2.8	Data interpretation and use
16:00–16:30	Session 2.9	Monitoring and evaluation; day wrap-up

Day 3: PHC Data Sources, Interpretation and Data Use

> **Purpose**
> Enable participants to access, interpret, and use data from key health information systems.

Time	Session	Focus
08:30–09:00	Session 3.1	Why data matters in PHC
09:00–09:45	Session 3.2	Overview of key health information systems
09:45–10:45	Session 3.3	Ideal Clinic Monitoring System
10:45–11:00	***Tea break***	
11:00–12:00	Session 3.4	Using DHIS for routine data analysis
12:00–12:45	Session 3.5	Tier.Net: patient-level data use
12:45–13:30	***Lunch***	
13:30–14:30	Session 3.6	District Health Barometer (DHB) dashboard
14:30–15:30	Session 3.7	Data interpretation and communication
15:30–16:30	Session 3.8	SMART targets and action planning

Day 4: Quality Improvement (QI) for PHC

> **Purpose**
> Equip participants with practical QI tools to translate data into improvement.

Time	Session	Focus
08:30–09:00	Session 4.1	Introduction to quality and QI
09:00–09:45	Session 4.2	Developing a QI aim statement
09:45–10:45	Session 4.3	Process mapping
10:45–11:00	***Tea break***	
11:00–11:30	Session 4.4	Gemba Walks
11:30–12:30	Session 4.5	Root cause analysis
12:30–13:15	***Lunch***	
13:15–14:15	Session 4.6	Developing change ideas
14:15–15:30	Session 4.7	PDSA cycle
15:30–16:30	Session 4.8	Reflection and preparation for practicum

Day 5: Practicum – Applying Data and Quality Improvement

> **Purpose**
> Apply learning through a guided, realistic improvement exercise.

Time	Session	Focus
08:30–09:00	Session 5.1	Overview of mini-project objectives
09:00–10:00	Session 5.2	Mini-project proposal: the basics
10:00–10:45	Session 5.3	Mini-project: data collection and analysis
10:45–11:00	***Tea break***	
11:00–11:45	Session 5.3	Data collection and analysis (continued)
11:45–12:30	Session 5.4	Implementation plan
12:30–13:15	***Lunch***	
13:15–13:30	Session 5.4	Implementation plan (continued)
13:30–15:00	Session 5.5	M&E Plan for Practicum
15:30–16:30		Course reflection and close

Time Management Tips for Facilitators

- Prioritise core concepts and practical exercises over exhaustive detail.
- Use a “parking lot” flipchart for questions that can be addressed later.
- Combine similar exercises if time is short.
- Keep breaks consistent to maintain energy.

Day 1: Digital Literacy & Microsoft Office Skills

Day 1 establishes a shared baseline of digital literacy and confidence in using Microsoft Word, Excel, and PowerPoint. The focus is not mastery, but functional competence so that participants can engage meaningfully with data, templates, dashboards, and reports used later in the course.

> *Facilitators should maintain a practical, supportive tone. Expect varied skill levels and normalise peer support.*

Session Structure

#	Session	Time (min)
1.1	Orientation and Expectations	10
1.2	MS Word – Basic Navigation and Document Management	60
1.3	MS Word – Text Entry, Formatting and Layout	45
1.4	MS Word – Tables, Headers, Footers and Bullets	45
1.5	MS Excel – Introduction and Interface	60
1.6	MS Excel – Data Entry, Formatting, and Simple Calculations	75
1.7	MS Excel – Basic Charts and Visualisation	45
1.8	MS PowerPoint – Basics of Creating Presentations	30
1.9	Practical Exercise – Integrated Application	30
1.10	Wrap-up and Reflection	20

Session 1.1: Orientation and Expectations

Slides: Day 1, Slides 1–3

> **Purpose**
> To orient participants to the training, confirm expectations, and set a supportive learning environment.

Facilitator Guidance

- Welcome participants and acknowledge differences in digital confidence.
- Emphasise that this is a hands-on course and participants learn by doing.
- Reassure participants that mistakes are expected and encouraged.

Key Messages to Reinforce

- This training supports later modules on data use and quality improvement.
- Today is about building confidence, not perfection.
- Peer learning is encouraged.

> *Transition: Introduce Microsoft Word as the first tool, noting its relevance for reports, memos, and basic documentation in PHC settings.*

Session 1.2: Microsoft Word – Basic Navigation and Document Management

Slides: Day 1, Slides 4–10

> **Purpose**
> To ensure all participants can open, navigate, save, and reopen Word documents confidently.

Facilitator Guidance

- Demonstrate live while participants follow along.
- Do not read the slides because they are self-explanatory.
- Move slowly and scan the room for participants falling behind.

Key Messages to Reinforce

- Always know where your document is saved.
- File naming should be clear and consistent.
- Saving regularly prevents data loss.

> *Transition: Explain that once documents are created, they need to be formatted clearly and professionally.*

Session 1.3: Microsoft Word – Text Entry, Formatting, and Layout

Slides: Day 1, Slides 11–18

> **Purpose**
> To build basic document formatting skills needed for clear communication.

Facilitator Guidance

- Let participants practise while you demonstrate key actions.
- Avoid over-emphasising aesthetics; focus on clarity and readability.

Key Messages to Reinforce

- Formatting improves understanding, not decoration.
- Consistency in font size, spacing, and alignment matters.
- Use formatting tools purposefully.

> *Transition: Explain that documents often need structured information, such as tables and page elements.*

Session 1.4: Microsoft Word – Tables, Headers, Footers, and Bullets

Slides: Day 1, Slides 19–24

> **Purpose**
> To introduce simple structuring tools commonly used in reports and official correspondence.

Facilitator Guidance

- Keep the demonstration simple and practical.
- Link table use to real PHC examples (e.g. staff lists, activity summaries).

Key Messages to Reinforce

- Tables organise information clearly.
- Headers and footers support document identification and page numbering.
- Bullets improve readability of lists.

> *Transition: Explain that after creating documents, staff often need to work with numbers and basic analysis, which leads into Excel.*

Session 1.5: Microsoft Excel – Introduction and Interface

Slides: Day 1, Slides 25–31

> **Purpose**
> To introduce Excel as a tool for storing, organising, and calculating data.

Facilitator Guidance

- Emphasise that Excel is a tool, not a test.
- Avoid intimidating language (e.g. “advanced formulas”).

Key Messages to Reinforce

- Excel works in rows and columns (cells).
- Accuracy matters more than speed.
- Always start formulas with an equals sign (=).

> *Transition: Explain that once data is entered, it can be formatted and analysed.*

Session 1.6: Microsoft Excel – Data Entry, Formatting, and Simple Calculations

Slides: Day 1, Slides 32–42

> **Purpose**
> To build confidence in entering data and performing simple calculations.

Facilitator Guidance

- Demonstrate one step at a time.
- Allow sufficient practice time.

Key Messages to Reinforce

- Check data for errors before calculating.
- Percentages are commonly used in reporting.
- Simple formulas are powerful.

> *Transition: Explain that data becomes more meaningful when visualised.*

Session 1.7: Microsoft Excel – Basic Charts and Visualisation

Slides: Day 1, Slides 46–48

> **Purpose**
> To introduce simple charts used in routine reporting and presentations.

Facilitator Guidance

- Focus on when to use a chart, not all chart types.
- Reinforce that charts should be simple and easy to interpret.

Key Messages to Reinforce

- One message per chart.
- Labels and titles are essential.
- Charts support decision-making.

> *Transition: Explain that charts are often shared in presentations, leading into PowerPoint.*

Session 1.8: Microsoft PowerPoint – Basics of Creating Presentations

Slides: Day 1, Slides 50–65

> **Purpose**
> To introduce PowerPoint as a tool for communicating information clearly.

Facilitator Guidance

- Emphasise simplicity and clarity.
- Discourage overcrowded slides.

Key Messages to Reinforce

- Slides support the speaker; they do not replace them.
- Keep text minimal.
- Use visuals to reinforce messages.

Session 1.9: Practical Exercise – Integrated Application

Slides: Day 1, Slides 66–67

> **Purpose**
> To consolidate learning by applying Word, Excel, and PowerPoint skills in a practical task.

Facilitator Guidance

- Clarify expectations before participants start.
- Circulate actively to support participants.
- Encourage completion over perfection.

“Good enough” looks like:

- A saved Word document with text and a table.
- A simple Excel table with a calculated percentage and chart.
- Correct copying of a chart into Word.

Session 1.10: Wrap-up and Reflection

Slides: Day 1, last slide

> **Purpose**
> To reinforce digital confidence and link skills to later data and QI work.

Facilitator Guidance

- Ask participants: “What was easiest today? What was most challenging?”
- Encourage sharing tips for using Word, Excel, and PowerPoint in PHC settings.

Key Messages to Reinforce

- Digital tools support data quality and reporting.
- Confidence matters more than perfection.
- Peer learning strengthens skills.
- Additional Material: Short online MS PowerPoint training: https://www.youtube.com/watch?v=KqgyvGxISxk

> *Transition: Day 2 will build on these skills by focusing on data management and quality.*

Common Questions and Clarifications

Q1: “Some people here already know Word and Excel well. Why are we spending time on this?”

Participants come into the training with different levels of digital confidence. Day 1 is designed to establish a shared baseline, ensuring that everyone can participate meaningfully in later sessions. Participants who are already confident are encouraged to support peers, strengthening team learning.

Q2: “I’m not very confident with computers. Will I be able to keep up?”

Yes. This training is designed as a safe learning space. The focus is on practical skills, not speed or perfection. Digital confidence develops with practice and today is about building comfort with basic tasks.

Q3: “Do I need to remember everything that is shown today?”

No. The goal is functional confidence: knowing how to open files, save documents, enter basic data, and create simple tables or charts when needed. The participant guide can be used as a refresher.

Q4: “What if the computers are slow or the system is not working properly?”

Technical challenges are common and expected. Facilitators should continue with conceptual explanations and demonstrations using slides, screenshots, or examples. The key learning outcome is understanding what can be done with the tools.

Day 2: Data Management and Data Quality

Day 2 builds a shared understanding of how data is managed, checked, analysed, and used in PHC settings. This day lays the foundation for all later work on dashboards, indicators, quality improvement, and the practicum.

By the end of Day 2, participants should understand where data comes from, why data quality matters, how poor-quality data affects decisions, and how data supports monitoring and improvement.

Session Structure

#	Session	Time (min)
2.1	Introduction to Data Management and the Information Cycle	30
2.2	Data Collection – Principles, Sources, and Tools	60
2.3	Data Processing – Collation and Data Quality	45
2.4	Data Verification and Validation	60
2.5	Data Analysis – Facility-Level Assessment	45
2.6	Introduction to Basic Descriptive Statistics	60
2.7	Data Presentation – Tables and Graphs	45
2.8	Data Interpretation and Use of Information	45
2.9	Monitoring and Evaluation (M&E)	30
2.10	Wrap-up and Reflection	20

Session 2.1: Introduction to Data Management and the Information Cycle

Slides: Day 2, Slides 1–6

> **Purpose**
> To introduce the information cycle as a simple, practical framework for understanding how data moves from collection to use.

Facilitator Guidance

- Explain the information cycle: data does not become useful automatically. It must be collected correctly, processed, checked, analysed, presented, interpreted, and then used.
- Use PHC example: register completed → data captured → monthly report → performance reviewed → action taken.

Key Messages to Reinforce

- Data collection is not the end of the process.
- Everyone involved in data collection is part of the cycle.
- Data that is not used has little value.

> *Transition: The first step in the cycle is data collection, which must be purposeful and standardised.*

Session 2.2: Data Collection – Principles, Sources, and Tools

Slides: Day 2, Slides 7–16

> **Purpose**
> To clarify what data should be collected, where it comes from, and how appropriate tools support quality.

Facilitator Guidance

- Explain the SOURCE criteria in simple terms.
- Prompt discussion: Which tools do you use daily? Where do you see duplication?

Key Messages to Reinforce

- Collect only data that will be used.
- Use standard definitions and tools.
- Poor tools lead to poor data.

> *Transition: Once data is collected, it must be processed and checked before it can be trusted.*

Session 2.3: Data Processing – Collation and Data Quality

Slides: Day 2, Slides 17–26

> **Purpose**
> To explain how data is brought together and checked for quality.

Facilitator Guidance

- Introduce the Three Cs: Correct, Complete, Consistent.
- Explain “eyeballing” – visual checking as a first line of defence.

Key Messages to Reinforce

- Data should never be submitted without review.
- Visual checking is a first line of defence.

> *Transition: Quality checks are followed by verification and validation.*

Session 2.4: Data Verification and Validation

Slides: Day 2, Slides 27–40

> **Purpose**
> To help participants clearly distinguish between verification and validation.

Facilitator Guidance

- Verification asks: Did we capture the data correctly from the source?
- Validation asks: Does this data make sense when compared to other data?

Key Messages to Reinforce

- Errors should be corrected, not hidden.
- Validation protects decision-makers from acting on incorrect data.

> *Transition: Verified and validated data can now be analyzed.*

Session 2.5: Data Analysis – Facility-Level Assessment

Slides: Day 2, Slides 41–44

> **Purpose**
> To introduce data analysis as a self-assessment tool.

Facilitator Guidance

- Introduce the four facility assessment questions: Coverage, Quality, Continuity, Risk.
- Emphasise comparison over time, against targets, and identification of gaps.

Key Messages to Reinforce

- Analysis supports reflection and prioritisation.
- Numbers alone are not enough; context matters.

> *Transition: Simple statistics help summarize data clearly.*

Session 2.6: Introduction to Basic Descriptive Statistics

Slides: Day 2, Slides 45–54

> **Purpose**
> To familiarize participants with basic statistical terms used in reports.

Facilitator Guidance

- This course does not require advanced statistics.
- Explain: mean (average), range, frequency.

Key Messages to Reinforce

- Statistics summarise data; they do not explain causes.
- Interpretation is always required.

> *Transition: Analyzed data must be presented clearly.*

Session 2.7: Data Presentation – Tables and Graphs

Slides: Day 2, Slides 55–66

> **Purpose**
> To guide participants on presenting data clearly for understanding.

Facilitator Guidance

- Tables show detail; graphs show patterns and trends.
- Reinforce: one indicator per graph, clear titles and labels.

Key Messages to Reinforce

- Appropriate graph choice matters.
- Presentation must be followed by interpretation.

> *Transition: Presentation must be followed by interpretation.*

Session 2.8: Data Interpretation and Use of Information

Slides: Day 2, Slides 67–78

> **Purpose**
> To strengthen interpretation and decision-making.

Facilitator Guidance

- Interpretation means asking what the data is telling us and what we should do about it.
- Highlight importance of local knowledge and looking at trends.

Key Messages to Reinforce

- Interpretation leads to action.
- Data must inform planning and monitoring.

> *Transition: Interpretation feeds into monitoring and evaluation.*

Session 2.9: Monitoring and Evaluation (M&E)

Slides: Day 2, Slides 78-92

> **Purpose**
> To introduce M&E as a routine management function.

Facilitator Guidance

- Monitoring = ongoing tracking. Evaluation = periodic assessment.
- Use PHC examples: monitoring ANC attendance, evaluating impact of an intervention.

Key Messages to Reinforce

- Data quality underpins decisions.
- Everyone plays a role in the information cycle.
- Data must be used to improve services.

> *Transition: Day 3 will focus on health information systems, dashboards, and data interpretation.*

Common Questions and Clarifications

Q1: "Why do we spend so much time talking about data quality?"

Data quality is the foundation for all decision-making. If data is inaccurate, incomplete, or inconsistent, even the best systems and dashboards will produce misleading information.

Q2: "Isn't data quality the responsibility of the data clerk or M&E person?"

Data quality is a shared responsibility. While data clerks may capture data, everyone involved in collecting, reviewing, reporting, or using data contributes to its quality. Facility managers play a critical role by reviewing data and addressing issues early.

Q3: "Do I need to understand statistics to manage my facility properly?"

No advanced statistics are required. The focus is on basic descriptive statistics and interpretation. Managers are expected to understand what the numbers are telling them, not to perform complex calculations.

Q4: "What if I don't understand all the data terms being used?"

This is normal. Encourage participants to ask questions and refer to the Glossary. Facilitators should explain terms using plain language and practical examples rather than technical definitions.

Day 3: PHC Data Sources, Interpretation and Data Use

Day 3 focuses on where PHC data comes from, how to access it through key health information systems, and how to interpret and use it for decision-making. This day shifts participants from data management (Day 2) to data use.

The emphasis is on understanding what each system is used for, interpreting trends and patterns, using data to identify priorities and gaps, and translating findings into SMART targets and actions.

Session Structure

#	Session	Time (min)
3.1	Why Data Matters in Primary Health Care	5
3.2	Overview of Key Health Information Systems	20
3.3	Ideal Clinic Monitoring System	30
3.4	Using DHIS for Routine Data Analysis	60
3.5	Understanding and Using Tier.Net Data	60
3.6	District Health Barometer (DHB)	45
3.7	Interpreting Data and Communicating Insights	60
3.8	SMART Targets and Action Planning	60
3.9	Group Activity – Data Interpretation and SMART Planning	60
3.10	Game: Data Truth or Myth	15
3.11	Wrap-up and Reflection	20

Session 3.1: Why Data Matters in Primary Health Care

Slides: Day 3, Slides 6–8

> **Purpose**
> To reinforce the role of data in improving PHC performance and accountability.

Facilitator Guidance

- Explain: data is the evidence we use to understand what is happening in our facilities and communities.
- Use PHC examples: identifying low immunisation coverage, tracking NCD indicators, monitoring waiting times.

Key Messages to Reinforce

- Data guides prioritisation.
- Data protects managers: decisions backed by data are easier to explain and defend.
- Data enables early action: trends allow districts to act before problems become emergencies.

Transition: Now that we understand why data matters, the next question is: where does this data come from?

Interactive Exercise
Facilitated whole-group discussion on consequences of poor/missing data, paired discussion on decisions that depend on routine data, then plenary synthesis around three anchor messages.

Session 3.2: Overview of Key Health Information Systems

Slides: Day 3, Slides 9–13

Purpose
To introduce the main health information systems used in PHC and clarify their roles.

Facilitator Guidance

- Different systems serve different purposes. No single system tells the full story.

Key Messages to Reinforce

- Systems complement each other.
- Choose the right system for the right question.
- Understanding system purpose prevents misuse of data.

Transition: The next sessions will focus on practical navigation and interpretation.

System Comparison

System/Resource	What It Tells Us
Ideal Clinic Monitoring System	Whether facility systems support quality care
DHIS	What services were delivered (aggregated routine data)
Tier.Net	What happened to individual patients (HIV/TB)
ETR.Net	Historical TB data (now integrated into Tier.Net)
DHB	How districts compare over time (public dashboard)

Session 3.3: Ideal Clinic Monitoring System

Slides: Day 3, Slides 14–24

Purpose
To enable participants to understand what the Ideal Clinic Monitoring System monitors and how PHC managers should use Ideal Clinic Monitoring System information in practice.

Facilitator Guidance

- Ideal Clinic Monitoring System focuses on facility readiness and system functioning, not service data.

- Ideal Clinic Monitoring System supports continuous improvement, not punishment.
- Use the Identify–Inform–Support–Track framework for the live exercise.

Key Messages to Reinforce

- Ideal Clinic Monitoring System focuses on facility systems and readiness.
- It complements DHIS and Tier.Net.
- The value lies in using the findings, not the score.

> *Transition: Now that we understand the different systems, we will move on to using routine data for analysis.*

Session 3.4: Using DHIS for Routine Data Analysis

Slides: Day 3, Slides 24–29

> **Purpose**
> To demonstrate how DHIS supports routine monitoring and trend analysis.

Facilitator Guidance

- Demonstrate indicator selection, trend analysis (12+ months), comparison against targets, and interpretation.
- DHIS tells us what is happening in service delivery. It does not tell us why.

Key Messages to Reinforce

- Trends matter more than single data points.
- Data must be reviewed regularly, not only reported.

> *Transition: DHIS shows how services are performing overall. The next system, Tier.Net, helps us understand what is happening to individual patients.*

Session 3.5: Understanding and Using Tier.Net Data

Slides: Day 3, Slides 30–37

> **Purpose**
> To explain how Tier.Net supports HIV and TB programme monitoring at patient level.

Facilitator Guidance

- Guide participants through the Monthly HIV Report structure.
- These numbers represent real patients, not just statistics.

Key Messages to Reinforce

- Tier.Net complements DHIS by adding a patient-level perspective.
- Managers should use Tier.Net to act early, not react late.

> *Transition: DHIS and Tier.Net help us identify performance gaps and patient risks. QI tools help us understand why those gaps exist.*

Session 3.6: District Health Barometer (DHB) Dashboard

Slides: Day 3, Slides 37–44

> **Purpose**
> To introduce DHB as a strategic benchmarking and comparative analysis tool. DHB supports district-level planning, prioritisation, and accountability discussions.

Facilitator Guidance

- Demonstrate selecting themes, indicators, geography filters, and trend/comparison views.
- DHB helps us see the big picture. It does not replace DHIS or Tier.Net.

Key Messages to Reinforce

- DHB supports benchmarking, not facility-level reporting.
- Comparisons help identify priority areas, not assign blame.
- Context matters when interpreting rankings.

> *Transition: We've now seen how to access and compare data. The next step is learning how to interpret data correctly and communicate insights clearly.*

Session 3.7: Interpreting Data and Communicating Insights

Slides: Day 3, Slides 45–53

> **Purpose**
> To strengthen participants' ability to make sense of data and communicate findings.

Facilitator Guidance

- Introduce interpretation questions: What changed? Why? Who is affected? What should we do?
- Explain effective communication: clear statements, simple language, focus on implications.

Key Messages to Reinforce

- Interpretation precedes action.
- Communication should be clear and concise.

> *Transition: Interpretation leads to target setting and planning.*

Session 3.8: SMART Targets and Action Planning

Slides: Day 3, Slides 53–58

> **Purpose**
> To translate data insights into SMART targets and actions.

Facilitator Guidance

- Break down SMART: Specific, Measurable, Achievable, Relevant, Time-bound.
- PHC example: Improve measles coverage from 82% to 90% within six months.

Key Messages to Reinforce

- Targets must be realistic.
- Actions must be linked to root causes.
- Data should track progress.

Session 3.9: Group Activity – Data Interpretation and SMART Planning

Slides: Day 3, Slides 59–62

> **Purpose**
> To allow participants to practise interpreting data and developing SMART targets.

Facilitator Guidance

- Support groups actively.
- Encourage discussion and reflection.
- Focus on reasoning, not perfection.

> *Transition: Day 4 will focus on Quality Improvement tools to support implementation.*

"Good enough" looks like:

- Clear interpretation statement.
- One SMART target.
- Logical link between data and action.

Session 3.10: Game – Data Truth or Myth

Read statements out loud. Participants vote by standing up (TRUE) or sitting (FALSE):

- "Higher numbers always mean better performance."
- "One bad month means the program is failing."
- "If coverage is high, quality must be good."
- "Data errors don't affect decisions."

Session 3.11: Wrap-up and Reflection

Ask: "What system or dashboard will you use first after this training?" Discuss how interpretation leads to action.

Common Questions and Clarifications

Q1: "Is the Ideal Clinic Monitoring System just another audit?"

No. Ideal Clinic Monitoring System is designed to identify system gaps that affect service delivery, not compliance or fault-finding. It helps managers understand why standards may not be met and where improvements are needed.

Q2: "Who is responsible for the Ideal Clinic Monitoring System at facility level?"

The clinic manager plays a key role, but Ideal Clinic Monitoring is not the responsibility of one person alone. It works best when seen as a shared management tool.

Q3: "If our Ideal Clinic score is low, does that mean we are failing?"

No. A low ICMS score indicates areas for improvement, not failure. Improvement, not perfection, is the goal.

Q4: "Why do we have so many different systems?"

Different systems developed to meet different needs. They are gradually being integrated. Your role is to use the outputs from these systems to understand performance and make decisions.

Q5: "I don't have access to DHIS or a DHB login. How do I get this data regularly?"

Request a monthly DHIS summary from your sub-district or district Information Officers. The DHB dashboard is public and does not require a login. For Tier.Net, the facility data clerk should generate and share monthly reports with you.

Q6: "The data on DHB or DHIS doesn't match what I have in my clinic register. Why?"

Discrepancies can occur due to data quality issues, timing differences, or different definitions. Always confirm you are comparing the same time period and definitions, and flag clear errors to the Information Officer.

Day 4: Quality Improvement (QI) for Primary Health Care

Day 4 introduces Quality Improvement as a practical, data-driven approach to improving service delivery in PHC settings. The emphasis is on understanding why performance gaps exist, identifying root causes, designing feasible change ideas, and testing changes using the Plan–Do–Study–Act (PDSA) cycle.

> *Facilitators should maintain a highly practical tone and continuously link QI tools to real PHC challenges.*

Session Structure

#	Session	Time (min)
4.1	Introduction to Quality and Quality Improvement	15
4.2	Developing a QI Aim Statement	20
4.3	Process Mapping	60
4.4	Gemba Walks – Observing Work Where It Happens	30
4.5	Root Cause Analysis (5 Whys & Fishbone)	30
4.6	Developing Change Ideas	90
4.7	Plan-Do-Study-Act (PDSA) Cycles	100
4.8	Wrap-up and Reflection	15

Session 4.1: Introduction to Quality and Quality Improvement

Slides: Day 4, Slides 1–9

> **Purpose**
> To introduce QI concepts and position QI as a routine management practice in PHC.

Facilitator Guidance

- Quality Improvement is a structured way of identifying problems, understanding why they happen, and testing small changes to improve outcomes using data.
- Clarify: Quality Planning (setting standards), Quality Assurance (checking compliance), Quality Improvement (improving processes over time).

Key Messages to Reinforce

- QI is continuous, not a once-off project.
- QI focuses on systems and processes, not blaming individuals.
- Data is central to QI.

> *Transition: To improve quality, teams must first clearly define what they want to improve.*

Session 4.2: Developing a QI Aim Statement

Slides: Day 4, Slides 10–13

> **Purpose**

To guide participants in developing clear, measurable QI aim statements.

Facilitator Guidance

- An aim statement describes what improvement the team wants to achieve, for whom, and by when.
- PHC example: "At Clinic X, we aim to increase viral load completion among children under 5 from 60% to 85% by December 2026."

Key Messages to Reinforce

- A weak aim leads to weak improvement.
- Clear aims guide all QI activities.

Transition: Once the aim is defined, teams must understand how current processes work.

Session 4.3: Process Mapping

Slides: Day 4, Slides 14–18

Purpose
To introduce process mapping as a tool for visualising workflows and identifying inefficiencies.

Facilitator Guidance

- A process map shows what happens in a service, not what should happen.
- Common symbols: oval (start/end), rectangle (activity), diamond (decision), arrows (flow).
- Group exercise: Restaurant lunch scenario – map the process from arrival to departure.

Key Messages to Reinforce

- Mapping reveals hidden inefficiencies.
- Understanding the process comes before fixing it.

Transition: Observing processes directly can deepen understanding, introducing the Gemba Walk.

Session 4.4: Gemba Walks – Observing Work Where It Happens

Slides: Day 4, Slides 19–23

Purpose
To introduce Gemba Walks as a management tool for observing real-world service delivery.

Facilitator Guidance

- A Gemba Walk involves going to where work happens to observe processes and understand challenges.
- Gemba Walks are not audits. The purpose is learning, not fault-finding.

Key Messages to Reinforce

- Respectful observation is critical.
- Staff engagement improves solutions.

> *Transition: After mapping and observation, teams must identify root causes.*

Session 4.5: Root Cause Analysis (Fishbone and 5 Whys)

Slides: Day 4, Slides 24–31

> **Purpose**
> To equip participants with tools to identify underlying causes of performance gaps.

Facilitator Guidance

- Fishbone diagram: for complex, multi-factor problems.
- 5 Whys: for drilling deeper into a specific issue.
- Emphasise logical thinking, not "right answers."

Key Messages to Reinforce

- Addressing symptoms does not solve problems.
- Root causes inform effective change ideas.

> *Transition: Identified root causes lead to change ideas.*

Session 4.6: Developing Change Ideas

Slides: Day 4, Slides 32–39

> **Purpose**
> To guide participants in developing practical, testable change ideas.

Facilitator Guidance

- A change idea is a specific action designed to address a root cause.
- Sources: best practices, benchmarking, process simplification.
- Three group exercises using templates: staff motivation, clean water, emergency trolley.

Key Messages to Reinforce

- Changes should be small and feasible.
- Not all ideas will work – testing is key.

> *Transition: Change ideas must be tested, not immediately scaled.*

Session 4.7: Plan-Do-Study-Act (PDSA) Cycle

Slides: Day 4, Slides 40-46

> **Purpose**
> To introduce PDSA as the core testing mechanism in QI.

Facilitator Guidance

- Explain each step clearly using a PHC example.

Key Messages to Reinforce

- Start small.
- Learn quickly.
- Use data to guide decisions.

> *Transition: QI is about learning, harvesting changes that lead to improvement, and reflection.*

Session 4.8: Wrap-Up and Reflection

Slides: Day 4, Slides 47-55

> **Purpose**
> To consolidate learning and prepare participants for the practicum.

Facilitator Guidance

- Encourage reflection on key insights.
- Link QI tools to Day 5 mini-projects.
- Group exercise: Facility team not implementing the QI projects scenario – separate teams into 5 groups, provide them with sticky notes for a brainstorming session, theme the brainstormed ideas, conduct 5 WHYS and complete a fishbone root cause analysis tool
- Develop change ideas and complete them in a QIP template provided
- PDSA those change ideas using the provided templates

Key Messages to Reinforce

- QI supports continuous improvement.
- Data guides improvement.
- Learning comes from testing.

> *Transition: Day 5 will apply QI tools in a mini-project, focusing on implementation, monitoring, and sustainability.*

Common Questions and Clarifications

Q1: "Is Quality Improvement the same as supervision or audits?"

No. QI focuses on learning and improvement, helping teams understand why problems occur and test small changes, rather than blaming individuals.

Q2: "Do we have to fix all problems at once?"

No. QI encourages teams to focus on one priority problem at a time. Small, focused changes are more manageable and more likely to succeed.

Q3: "What if a PDSA cycle does not lead to improvement?"

This is part of the learning process. A PDSA cycle is designed to test ideas and learn quickly. Even when a change does not work as expected, valuable lessons are gained.

Q4: “What if I set a target and fail to meet it?”

Targets are meant to guide and motivate, not to punish. Use data to understand why, and use unmet targets as learning opportunities.

Day 5: Practicum – Applying Data and QI to Real PHC Challenges

Day 5 provides participants with an opportunity to apply everything learned during the week in a structured practicum using data interpretation, prioritisation, SMART targets, Quality Improvement tools, and action planning.

> *The emphasis is on learning by doing, not producing a perfect project. Reinforce that "good enough" is sufficient.*

Session Structure

#	Session	Time (min)
5.1	Overview of Mini-Project Objectives, Content, and Preparation	20
5.2	Mini-Project Proposal: The Basics	40
5.3	Data Collection and Analysis	90
5.4	Implementation Plan	90
5.5	Monitoring and Evaluation (M&E) of Practicum	110

Session 5.1: Overview and Guidance on Mini-Project Objectives

Slides: Day 5, Slides 1–16

> **Purpose**
> To orient participants to the practicum, clarify expectations, and provide structure for developing a mini-project.

Facilitator Guidance

- The practicum allows participants to identify a real PHC performance gap, apply data management and QI tools, develop a feasible improvement plan, and reflect on learning.
- This is a learning exercise, not an assessment.
- Exercise/Quiz: What are hard skills? (10 questions)
- Background information on objectives, rationale, purpose and preparation steps shared with participants in preparation for the mini-project development.

> *Transition: The next part focuses on defining the mini-project itself.*

Session 5.2: Mini-Project Proposal – The Basics

Slides: Day 5, Slides 17–28

> **Purpose**
> To guide participants in defining a clear mini-project focus, objectives, and required components.

Facilitator Guidance

- Each mini-project should include: project title, responsible person, hard skill(s) being applied, problem statement, 1 SMART objective, target audience.
- Exercise: Participants are provided with Excel worksheet template to individually draft the mini-project using the headings above, then refine in small group discussions.

> *Transition: Participants now need to identify data and evidence to support their projects.*

Session 5.3: Data Collection and Analysis

Slides: Day 5, Slides 29–37

> **Purpose**
> To support participants in identifying appropriate data sources, indicators, and analysis methods.

Facilitator Guidance

- Data collection and analysis objectives are discussed with participants
- Improvement projects must be grounded in evidence.
- Remind participants of common data sources: routine registers, DHIS, Tier.Net, administrative records, qualitative observations and data analysis methodologies.
- Encourage realistic data choices accessible at facility level.
- Exercise: Participants are provided with worksheet template to individually draft the mini-project using the data sources and analysis methods discussed above and in the modules 1, 2 and 3. They then discuss their project draft data collection and analysis work in groups of 3-5 people.

> *Transition: Participants will now plan how the mini-project will be implemented.*

Session 5.4: Implementation Plan

Slides: Day 5, Slides 38–47

> **Purpose**
> To translate mini-project objectives into a practical implementation plan.

Facilitator Guidance

- An implementation plan turns objectives into concrete activities, assigns responsibilities, sets timelines, and identifies risks.
- Encourage participants to start small and integrate activities into routine work.
- Exercise: Participants are provided with Excel worksheet template to individually draft the mini-project using the mini-project headings above to develop an implementation plan, which will then be shared within groups of 3-5 people.

> *Transition: Effective projects require monitoring, evaluation, and sustainability planning.*

Session 5.5: Monitoring and Evaluation (M&E) of the Practicum

Slides: Day 5, Slides 48–57

Purpose
To guide participants in developing presentations, understanding facilitator support systems, and planning for project sustainability.

Facilitator Guidance

- Learning objectives outlined
- Presentation structure: title, problem statement, objectives, hard skills, methods, interventions, results, challenges and lessons.
- Post training submission of mini-projects within 30 days and feedback from Facilitators and JLN Fellows within 30 days after submission.
- Post-training support: virtual/WhatsApp support, one-on-one consultations,
- Sustainability planning begins now, not at project end.
- Exercise: Each Participant to develop PowerPoint presentation on the DOH template using the headings above to showcase the presentation development skills learned in Module 1. Discussions in groups of 3-5 persons and then group presentations.

Course Close

Thank participants, reinforce key messages from the five-day programme, and encourage continued application of data use and QI skills in routine PHC practice.

Key Closing Messages
Improvement is iterative. Data use is a management responsibility. Small changes can lead to meaningful impact. Learning continues beyond the training.

Common Questions and Clarifications

Q1: "What if our group's work looks very different from other groups?"

This is expected. The practicum focuses on logic, reasoning, and application of tools, not on producing identical outputs.

Q2: "What if we struggle to link the data to actions?"

Return to key interpretation questions: What does the data show? Why does it matter? What is within our control to change?

Q3: "Do we have to implement this project after the training?"

No. The practicum is a learning exercise. However, participants are encouraged to adapt the approach for real challenges in their facilities.

Appendix A: Glossary of Key Terms

Term	Definition
Action Plan	A clear set of activities developed to address an identified problem, including who will do what, by when, and how progress will be monitored.
Aim Statement	A clear, concise statement describing what improvement is to be achieved, for whom, by how much, and by when.
Benchmarking	Comparing performance across facilities, districts, or provinces to identify gaps, strengths, and areas for improvement.
Change Idea	A specific action designed to address an identified root cause of a problem, tested on a small scale before being scaled up.
Data	Raw facts or figures collected through registers, systems, or tools.
Data Analysis	Examining data to identify patterns, trends, gaps, or changes in performance.
Data Collection	Gathering data using standard tools such as registers, forms, or electronic systems.
Data Interpretation	Making sense of analysed data by considering context, trends, and local knowledge to inform decisions.
Data Quality	The degree to which data is accurate, complete, consistent, and reliable for decision-making.
DHIS	A routine health information system that stores aggregated monthly service delivery data.
DHB	A public dashboard presenting health indicators for benchmarking across districts and provinces.
Evaluation	A periodic assessment of whether an intervention has achieved its intended outcomes.
Gemba Walk	Observing work where it actually happens to understand processes and identify improvement opportunities.
ICMS	A national system to monitor whether PHC facilities have systems, processes, and resources for quality care.
Indicator	A specific, measurable variable used to monitor performance or outcomes.
Information Cycle	A framework showing how data moves from collection through processing, analysis, interpretation, and use.
M&E	Monitoring (routine tracking) and Evaluation (periodic assessment) of progress towards targets.
PDSA Cycle	Plan–Do–Study–Act: a structured method to test change ideas through planning, implementation, review, and adjustment.
PHC	Essential health services providing first-contact, accessible, continuous, and comprehensive care.

Term	Definition
Process Mapping	Visually mapping steps in a process to identify inefficiencies, delays, or gaps.
QI	A systematic, data-driven approach to improving service delivery through continuous testing and learning.
Root Cause Analysis	Identifying underlying causes of a problem rather than focusing only on symptoms.
SMART Target	A target that is Specific, Measurable, Achievable, Relevant, and Time-bound.
Tier.Net	An electronic patient-level system for monitoring HIV and TB treatment, outcomes, and retention.
Validation	A data quality check assessing whether data values make sense compared with other data.
Verification	A data quality check confirming whether data has been accurately captured from the original source.

Appendix B: Key Policy and Standards References

District Health Management Information System (DHMIS) Policy

The DHMIS policy focuses on seven high-level priority areas: Health Information Coordination and Leadership; Indicators; Data management; Data security; Data analysis and information products; Data dissemination and use; and Health information system resources. It is imperative that health managers at national, provincial, district and facility levels assume full ownership of this system. Link to policy document: https://knowledgehub.health.gov.za/elibrary/district-health-management-information-system-dhmis-policy

Ideal Clinic Framework

An Ideal Clinic is defined as a clinic with good infrastructure, adequate staff, adequate medicine and supplies, good administrative processes, and sufficient bulk supplies. It uses applicable clinical policies, protocols and guidelines, and harnesses partner and stakeholder support. Link to Ideal Clinic Resources: https://www.idealhealthfacility.org.za/

National Department of Health Data Dictionary

The Data Dictionary provides a reference point for selected health information standards and specifically facilitates data exchange between electronic systems used to support the DHMIS policy. Link to the data dictionary: https://dd.dhmis.org/

District Health Barometer Publications

Produced by the Health Systems Trust in collaboration with the NDoH, the DHB is a comprehensive statistical and analytical resource providing an overall view of district health performance. The interactive dashboard can be accessed at: https://dhb.hst.org.za/