M&E and sustainability plan for the 5-Day PHC Hard Skills Training

Contents

1. Introduction

This Monitoring and Evaluation (M&E) and Sustainability Plan outlines how the **5-day Hard Skills Capacity Building for PHC Performance Management Programme** will be assessed and sustained beyond the training period. The training covers digital literacy (MS Office), data management, data quality, health information systems (DHIS, Tier.Net, ICMS, DHB), quality improvement (QI) tools, and includes a practicum where participants design mini-projects linked to real PHC challenges.

The plan is grounded in the facilitator guide's emphasis on practical, hands-on learning and avoids over-burdening facilitators or participants. It evaluates immediate learning outcomes (Kirkpatrick Levels 1 & 2), behaviour change (Level 3), and early results (Level 4), while also outlining strategies to sustain skills application post-training.

2. Utilization of M&E Results – Why Develop an M&E Plan

A comprehensive M&E and sustainability plan ensures the training programme can be improved, its value demonstrated, and long-term impact achieved.

2.1 Course Improvement

- Immediate evaluation identifies modules with lower learning gains or perceived relevance, allowing curriculum adjustments for future cohorts.
- Participant feedback on pacing, exercises, and facilitation directly informs improvements.
- Low quiz scores on specific topics (e.g., PDSA, DHIS navigation) trigger strengthened teaching approaches.

2.2 Impact and Accountability

- Demonstrating improved management practices (e.g., routine data use, QI project initiation) justifies investment and supports scaling.
- If expected impacts do not materialise, M&E data helps investigate why (e.g., external barriers, need for longer timeline).

2.3 Sustainability

- Evidence of sustained behaviour change (3–6 months) informs post-training support design and resource allocation.

3. M&E Objectives

Immediate Post-Course Outcomes (End of Day 5)

- Measure knowledge gain (pre- vs post-test).
- Assess self-reported confidence in MS Office, data interpretation, and QI tools.
- Evaluate perceived relevance and satisfaction with each module and the overall course.
- Identify areas for immediate course improvement.

Intermediate Outcomes (1–2 Months Post-Training)

- Assess initial application of skills (e.g., data use in decisions, dashboard reviews).
- Track progress on practicum mini-project implementation.
- Identify barriers to early application.

Longer-Term Outcomes (3–6 Months Post-Training)

- Evaluate sustained behaviour change (routine data use, QI cycles).
- Assess completion and outcomes of practicum mini-projects.
- Measure any improvements in facility-level data quality or service delivery indicators (where available).

4. M&E Framework (Kirkpatrick Levels)

Level	Focus	Key Questions
1 – Reaction	Participant satisfaction and engagement	Did participants find the training relevant, practical, and well-facilitated?
2 – Learning	Immediate knowledge and skill gain	Can participants demonstrate basic Word/Excel/PowerPoint, QI tools, and data interpretation?
3 – Behaviour	Application back in the workplace	Are participants using DHIS, Tier.Net. ICMS, or QI methods for 30 -240 days post training?
4 – Results	Impact on PHC service delivery	Has the training contributed to improved data quality, QI project completion, or performance indicators?

5. Key Performance Indicators (KPIs)

Immediate (End of Training)

Indicator	Measure	Target
Knowledge gain	% increase in knowledge test scores (pre vs post)	≥20% increase
Skill confidence	% of participants reporting high confidence (≥4/5) in key tasks (e.g., Excel chart, PDSA)	≥80%
Perceived relevance	% rating training as “very” or “extremely” relevant to their work	≥85%
Intent to apply	% indicating they will apply skills on the job (“definitely yes”)	≥85%
Training satisfaction	Average satisfaction score (1–5) on content, facilitation, logistics	≥4.2/5
Day 1 integrated exercise completion	% completing Word table, Excel chart, copy to Word	≥90%

Day 3 SMART target exercise	% correctly interpreting a trend and setting one SMART target	≥80%
Day 4 QI tool completion	% completing a PDSA or fishbone exercise correctly	≥80%

Follow-Up (1–6 Months)

Indicator	Measure	Target
Data use in decisions	% of participants reporting use of routine data for decisions (3month and 6months)	≥70%
Dashboard/system use	% reporting use of DHIS, Tier.Net, ICMS, or DHB (3month and 6months)	≥60%
Practicum project initiation	% of participants who have started implementation (2months)	≥60%
Practicum project completion	% of participants who have completed or made substantial progress (6months)	≥50%
QI tool application	% reporting use of PDSA, process mapping, or fishbone (3month and 6months)	≥50%
Data quality improvement	Change in facility reporting timeliness or accuracy (where available)	Positive trend

6. Data Sources and Collection Methods

Indicator	Data Source	Method	When
Knowledge gain	Pre/post knowledge quiz (15 MCQs)	Online questionnaire	Day 1 and Day 5
Skill confidence	Pre/post knowledge quiz (15 MCQs)	Online questionnaire	Day 5

Relevance & satisfaction	Daily and end-of-course evaluation forms	Anonymous Likert-scale questionnaire	Each day & Day 5
Day 1 integrated exercise	Practical exercise checklist	Facilitator observation	Day 1
Day 3 SMART target	Group activity rubric	Facilitator review	Day 3
Day 4 QI tools	Completed PDSA/fishbone template	Facilitator review	Day 4
Behaviour (1M, 6M)	Follow-up survey (Tools 5 & 6)	Online/WhatsApp questionnaire	1 month & 6 months
Practicum project status	Mini-project submission + progress update	Submission log + brief form	30 days, 2M, 6M
Data quality metrics	DHIS/Tier.Net/ICMS (with permission)	Extracted from routine systems	2–6 months

7. Roles and Responsibilities

Role	M&E Responsibility
Lead Facilitator	Oversee daily learning checks; ensure exercises are scored/monitored; compile end-of-training report.
Co-facilitator / Assistant	Collect daily attendance; support group activity documentation; distribute and collect feedback forms.
Participants	Complete individual exercises, group activities, and mini-project; respond to follow-up survey.
JLN Fellows (post-training support)	Track mini-project submission; provide structured feedback on mini-projects; administer 60-day survey.
District / Facility Manager (optional)	Support release time for follow-up; share aggregated performance data if available.

8. Frequency and Timeline

M&E Activity	When
Pre-training knowledge quiz	Day 1 (Session 1.1)
Daily attendance tracking	Each day
Daily feedback form	End of each day (Days 1–4)
Day 1 integrated exercise check	Day 1, Session 1.9
Day 3 group activity rubric	Day 3, Session 3.9
Day 4 QI tool completion	Day 4, Session 4.8
Post-training knowledge quiz	Day 5, Course Close
End-of-course evaluation	Day 5, Course Close
Self-assessment	Day 5
Mini-project final submission	Within 30 days post-training
Mini-project feedback to participants	Within 60 days post-training
6-month follow-up survey	180 days post-training
Optional performance data review	3–6months post-training

9. Data Analysis and Use

Level	**How Data Will Be Analysed**	**How Findings Will Be Used**
Reaction	Frequencies, means, percentages	Improve pacing, examples, facilitation for future cohorts.
Learning	Pre/post score comparison; % achieving “good enough” on each exercise	Refine exercises; add targeted practice where errors cluster.
Behaviour	Submission rates; project status categories; thematic analysis of barriers	Tailor post-training support (e.g., WhatsApp QI clinics); adjust Day 5 guidance.

Results	Self-reported application; optional performance trends	Advocate for continued investment; share success stories; identify need for refresher training.

10. Sustainability Plan

To ensure the benefits of the training continue beyond the five days, the following sustainability strategies will be implemented:

10.1 Post-Training Support

- **Virtual support group** – WhatsApp/Teams channel for ongoing Q&A and peer sharing (referenced in facilitator guide, Day 5).
- **One-on-one consultations** – Facilitators and JLN Fellows available for individual coaching.
- **Monthly QI clinics** – 30–60 minute virtual calls to troubleshoot application challenges.

10.2 Peer Learning Networks

- Establish **facility-level or sub-district learning teams**.
- Encourage participants to **present mini-projects at existing staff meetings**.
- Create a **shared online folder** (Google Drive) with templates, recorded demos, and success stories.

10.3 Mini-Project Follow-Through

- Participants submit mini-projects within **30 days** (facilitator guide, Day 5).
- Facilitators and JLN Fellows provide **structured feedback within 60 days**.
- Recognise completed mini-projects through **certificates or district newsletters**.

10.4 Integration into Routine Management

- Align QI tools (PDSA, process mapping, Gemba walks) with **existing facility meetings**.
- Link training outputs to **Ideal Clinic Monitoring System action plans**.
- Include **data quality checks** (verification/validation) in monthly reporting routines.

10.5 Management and District Support

- Brief district managers on training outcomes and participant mini-projects.
- Advocate for **protected time** for data review and QI activities.
- Encourage supervisors to ask about QI and data use during **supportive supervision visits**.

10.6 Refresher and Reinforcement

- Offer **2-hour refresher webinars** at 3 and 6 months' post-training.
- Share anonymised **best-practice mini-projects as case studies**.
- Develop a **one-page "QI and Data Use" job aid** for clinic noticeboards.

10.7 Monitoring Sustainability

- Track ongoing dashboard logins (DHIS, Tier.Net) where possible.
- **6-month and 12-month follow-up surveys** to assess sustained behaviour change.
- Document facility-level improvements linked to training (e.g., improved viral load completion, reduced data errors).

11. Reporting

Report	Audience	Timing
End-of-training summary report (reaction + learning)	Facilitators and JLN Fellows	Within 1 week post-training

Mini-project submission and quality report	Facilitators, JLN Fellows	Within 30 days post-training
180-day follow-up report (behaviour + early results)	Programme managers, NDoH (if required)	Within 90 days post-training

Reports will include:

- Bar graphs of pre/post knowledge scores
- Pie charts of project completion rates
- Thematic analysis of open-ended responses
- Success stories (one per facility/district, anonymised where needed)

12. Example Tools

Tool 1 – Pre- and Post-Training Knowledge Quiz (16 MCQs)

Pre- and Post-Training Evaluation

> **Instructions**
>
> This evaluation is completed TWICE – once at the start of Day 1 (Pre-Test) and once at the end of Day 5 (Post-Test). It measures changes in knowledge, confidence, and ability to apply skills. There are no right or wrong answers for the confidence and application sections. Please answer honestly.

Field	Details
Name and Surname	

Field	Details
Facility Name	
District / Region	
Date	
Assessment (circle one): PRE / POST	

Section A: Demographics

(Complete at PRE-TEST only)

A1. Gender

- Male
- Female
- Other
- Prefer not to say

A2. Age (in years)

- Under 25
- 25–34
- 35–44
- 45–54
- 55+

A3. Role in facility

- Facility Manager
- Professional Nurse

- Enrolled Nurse
- Enrolled Nursing Assistant
- Lay Counsellor / HTS Counsellor
- Data Capturer / Information Officer
- Other: _____

A4. Years of experience in PHC

- Less than 1 year
- 1–3 years
- 4–7 years
- 8+ years

Section B: Knowledge Assessment

Select the best answer for each question. Only one answer is correct unless stated otherwise.

Digital Literacy (Day 1)

B1. Which of the following is the correct way to start a formula in Microsoft Excel?

- Type the cell reference directly (e.g. A1+B1)
- Start with an equals sign (e.g. =A1+B1)
- Start with a hash symbol (e.g. #A1+B1)
- Click the formula button first

B2. What is the primary purpose of using headers and footers in a Word document?

- To make the document look decorative
- To add page numbers, document titles, and identification
- To insert images at the top of every page
- To increase the page count

B3. When creating a chart in Excel, what is the most important consideration?

- Using as many colours as possible
- Including all available data in one chart
- Ensuring the chart has a clear message with proper labels and title
- Making the chart as large as possible

Data Management & Quality (Day 2)

B4. The "Three Cs" of data quality are:

- Complete, Current, Confidential
- Correct, Complete, Consistent
- Collected, Captured, Communicated
- Counted, Checked, Confirmed

B5. What is the difference between data verification and data validation?

- They are the same thing
- Verification checks if data was captured correctly from the source; validation checks if data makes sense compared to other data
- Verification is done by managers; validation is done by data clerks
- Verification uses technology; validation is manual

B6. A sudden, unexplained spike in monthly headcount data most likely indicates:

- Improved service delivery
- A data quality issue that needs investigation
- That the facility is performing well
- A change in national policy

Data Sources & Interpretation (Day 3)

B7. Which system provides aggregated routine service delivery data at facility level?

- Tier.Net
- DHIS
- District Health Barometer

- Ideal Clinic Monitoring System

B8. Tier.Net is primarily used for:

- Monitoring facility infrastructure
- Tracking individual HIV and TB patient outcomes
- Comparing districts nationally
- Submitting monthly aggregate reports

B9. The Ideal Clinic Monitoring System focuses on:

- How many patients were seen?
- Whether facility systems, processes, and resources support quality care
- Individual patient treatment outcomes
- Staff performance appraisals

B10. When interpreting a downward trend in immunisation coverage over 6 months, the best first step is to:

- Immediately increase outreach activities
- Investigate whether this is a data quality issue or a real decline
- Report the facility to the district
- Ignore it until the annual review

Quality Improvement (Day 4)

B11. Quality Improvement (QI) is best described as:

- A once-off audit to check compliance
- A continuous, data-driven approach to improving processes and outcomes
- A form of staff disciplinary action
- A project that only M&E officers can lead

B12. A Fishbone diagram is used to:

- Track project timelines
- Identify multiple possible root causes of a problem

- Design a new process flow
- Measure patient satisfaction

B13. The purpose of a PDSA cycle is to:

- Implement a large-scale change immediately
- Test a small change, learn from it, and decide on next steps
- Write a final project report
- Assign blame for poor performance

B14. In the "Act" phase of a PDSA cycle, the team should:

- Start a completely new project
- Decide to adopt, adapt, or abandon the change based on what was learned
- Submit a compliance report
- Move to a different facility

Practicum & Application (Day 5)

B15. A SMART objective must be all of the following EXCEPT:

- Specific
- Measurable
- Ambitious
- Time-bound

B16. Which of the following is the best example of a SMART objective for a PHC facility?

- "Improve service delivery at the clinic."
- "Increase ANC first visit before 20 weeks from 55% to 70% by September 2026."
- "Try to do better with immunisations."
- "Reduce all patient complaints."

(Full 16-question quiz developed based on Day 1–5 content.)

Tool 2 – Daily Immediate Post-Module Evaluation

#	Daily Training Experience & Feedback					
1.	Which training session was **MOST** valuable to you?					
2.	Why was the session **MOST** valuable?					
3.	Overall quality of training **(Mark with - X)**					
	Aspect	**Poor (1)**	**Fair(2)**	**Good (3)**	**Very Good (4)**	**Excellent (5)**
3.1	Overall Training Content					
3.2	Practical Relevance to Your Work					
3.3	Quality of Training Materials					
3.4	Opportunity for Hands-on Practice					
4.	Was the time allocated for each session sufficient?					**Mark with (X)**
4.1	No, needed more time (Sessions felt rushed)					
4.2	Yes, just right (Pace was appropriate)					
4.3	No, too much time (Could have been condensed)					
5.	If more time was needed, which session(s) required it? *(Explain)*					
6.	How effective were the facilitators in delivering the content? -**(Mark with - X)**	Needs Improvement (1)	Adequate (2)	Good (3)	Very Good (4)	Excellent (5)
6.1	Clarity of explanations					
6.2	Responsiveness to questions					
6.3	Ability to engage participants					
6.4	Practical examples & real scenarios					
6.5	Support during exercises					

7.	Which training components were unclear or need more explanation?				
8.	Please provide one suggestion to improve future training				
9.	Did the training environment support your learning?				**Mark with (X)**
9.1	No(1) – Environment hindered learning				
9.2	Somewhat (2) – Environment was acceptable but not ideal				
9.3	Yes (3) - – Environment was conducive to learning				
10.	What about the environment worked well or could be improved? (e.g., seating, acoustics, technology, room setup)				
11.	Additional Comments or Feedback				
12.	Would you recommend this training to colleagues? - (Mark with - X)	Probably not (1)	Not sure (2)	Probably (3)	Definitely (4)

Tool 3 – End-of-Course Evaluation (Day 5)

(Same format as Tool 2, with additional items:)

- The practicum set-up helped me link learning to real challenges.
- My confidence to use routine data increased.
- The five-day length was appropriate.

- I would recommend this course to colleagues.

Tool 4 – 2-Month Follow-Up Survey

1. In the past 8 weeks, how many management decisions did you make AFTER reviewing routine data?
    - 0 [ ] 1 [ ] 2-3 [ ] 4-5 [ ] >5
2. How often have you used the data visualisation skills learned in the course?
    - Never [ ] Occasionally [ ] Monthly [ ] Weekly [ ] Daily
3. Please provide an example: _____
4. What is the current status of your practicum mini-project?
    - Not started [ ] In progress [ ] Completed [ ] No longer continuing
5. Briefly describe key activities implemented so far: _____
6. What challenges or barriers have you faced? _____

Tool 5 – 6-Month Follow-Up Survey

(Same structure as Tool 4, with additional questions on sustained integration and measurable outcomes.)

7. To what extent have the practicum mini-project activities been integrated into your facility's regular operations?
    - Not integrated [ ] Some activities [ ] Most activities [ ] Fully integrated
8. Are there key measurable outcomes attributable to the practicum (e.g., improvement in data accuracy, waiting time reduction, etc.)? Please describe: _____

13. Ethical and Confidentiality Considerations

- No real patient identifiers are used in any M&E data collection (consistent with facilitator guide, page 10).
- Follow-up surveys are anonymous unless a participant volunteer to share a mini-project.
- Facility performance data (if accessed) is aggregated and de-identified.
- Participation in M&E does not affect any employment or performance rating.

14. Key M&E Tools Summary (Facilitator Guide Alignment)

The following tools are directly referenced in or aligned with the facilitator guide:

Tool	Facilitator Guide Reference
Daily attendance register	Day 1–5 (implied)
Day 1 integrated exercise checklist	Session 1.9 (“Good enough” criteria)
Day 3 group activity rubric	Session 3.9 (interpretation + SMART target)
Day 4 QI exercise template (fishbone/PDSA)	Session 4.5 & 4.7
Mini-project development worksheet	Session 5.2, 5.3, 5.4 (Excel worksheets)
Mini-project submission tracking log	Day 5 (post-training submission within 30 days)
Pre/post knowledge quiz	Day 1 and Day 5
Daily and end-of-course feedback forms	Facilitator guide – participant requirements
Follow-up surveys (2M, 6M)	Post-training support (Day 5)

This M&E and Sustainability Plan is designed to be **light-touch, actionable, and fully integrated** with the *PHC_Facilitator_Guide (1)*, ensuring credible evidence of training effectiveness while supporting long-term behaviour change and service delivery improvement.