The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Electronic Data System supervisor training materials from Kenya

Note: This guide was developed by the MalariaCare project for use in project countries. The introduction is a description of the overall objectives of the project; it is followed by learning units that can easily be adapted by national programs for use in their specific settings. The Session 1 and Session 2 slides referred to in this document are available on the MalariaCare Toolkit page (URL below).

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.
## Contents

Abbreviations .......................................................................................................................... 3  
Session 1 .................................................................................................................................. 4  
Session 2 .................................................................................................................................. 77  
Handout 2.1: Test participant knowledge in Electronic Data System ........................................ 113  
Handout 2.2: Sample register for record review practice ........................................................... 115  
Handout 2.3: Scripted clinical case scenarios ............................................................................ 117  
Handout 2.4: Basic principles of giving feedback ..................................................................... 120  
Handout 2.5: Scripted and unscripted clinical & lab case scenarios for feedback ..................... 121  
Handout 3: Field visit structure ................................................................................................. 122
## Abbreviations

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACT</td>
<td>artemisinin-based combination therapy</td>
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<tr>
<td>DHIS</td>
<td>district health information software</td>
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<td>EDS</td>
<td>electronic data system</td>
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<tr>
<td>HCW</td>
<td>health care worker</td>
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<tr>
<td>HR</td>
<td>human resources</td>
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<td>OPD</td>
<td>outpatient department</td>
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<tr>
<td>OTSS</td>
<td>outreach training and supportive supervision</td>
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<tr>
<td>RDT</td>
<td>rapid diagnostic test</td>
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<tr>
<td>mRDT</td>
<td>malaria rapid diagnostic test</td>
</tr>
<tr>
<td>SMART</td>
<td>specific, measurable, achievable, realistic, and time-bound</td>
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Session 1

Slide 1

The MalariaCare Toolkit
Tools for maintaining high-quality malaria case management services

MalariaCare supervisor training: Electronic data system session I

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.

Slide 2

Welcome the group, and then introduce the EDS session.

“Today we will begin learning how to use the EDS app and tablets to collect data during OTSS. This training is designed to be relaxed and slow-paced. Some people are learning to use a tablet for the first time. I want you to feel comfortable asking me to slow down if the pace is too fast. And I’d like you to ask questions whenever you have them. If you need extra assistance, we are here to help you. Feel at ease and ask us to help at any time. I ask that when anyone in the room is speaking, you give them the courtesy of your silent attention. It is easy to get lost in side conversations and miss what is being said. Questions asked by other people can greatly benefit you, but if you’re not listening you won’t hear the knowledge being shared.
Reminder: Please turn your cell phones off.”

Slide 3
The EDS app concept and basic tablet functions

Here make sure that all tablets are distributed and signed for. Make sure all participants have:
• Tablet assigned to them.
• EDS application installed on tablet.
• Charger.
• Stylus.
• Case.
The EDS app and using the tablet

OBJECTIVES
• Develop the ability to explain EDS app concept.
• Learn basic functions of the tablet:
  – Swipe to lock/unlock screen.
  – Adjust font.
  – Adjust time and date.
  – Monitor battery level and recharging.
  – Tablet safety.

You’re just introducing the topics and objectives for this module at this point. This mentally prepares the participants for what’s to come.

“For some of you, this may seem overwhelming if you’re using a tablet for the first time. By a show of hands, who is using a tablet for the first time today? How many of you have a smartphone? Don’t worry if this all seems impossible right now. I’ll take you through it step by step, and we have some great helpers in the room with us today. (Introduce the assistants if you haven’t already done so.) This is YOUR training so please ask us for help along the way. We are here to help you. There are no stupid questions. Ask us anything and we’ll assist you.”
What is the MalariaCare OTSS checklist?

• Structured tool to guide supervision visits and quality improvement.

Instructor Notes:
• All participants should have a paper copy of the OTSS checklist.
• Instructor should refer to it at this point.
### MalariaCare: The OTSS checklist

**Benefits**
- Guides supervision visit.
- Structured to provide feedback.
- Ensures consistent review across facilities.

**Challenges**
- Many pages.
- No summary score.
- Opportunities for entry errors.
- Takes time to enter, analyze, & summarize.

---

**Instructor Notes:**
The purpose of this slide is to explain/discuss why we use checklists to support OTSS and why we’re moving from the paper-based system to an electronic system.

**Benefits:**
- Guides supervision visit.
- Structured to provide feedback.
- Ensures consistent review across facilities.

**Challenges:**
- Many pages—can be miscopied, lost in transit.
- No summary score.
- More opportunities for entry errors.
- Takes a long time to enter and summarize data.
What is the MalariaCare EDS?

• Tablet-based supervision tool to improve quality of malaria diagnosis and care services delivered at health facilities.
• Allows automatic upload of OTSS data into a District Health Information Software 2 (DHIS2) database for immediately accessible data.

Why EDS?

• Improves quality assurance of malaria case management through real-time data capture, analysis, and feedback during OTSS.
• Increases use of data for decision-making.
• Evaluates performance and status of individual health facilities, including bird’s eye view of progress at district and provincial levels.
• Offline assessment application enables supervisors to observe health care workers, assess facility performance, and provide onsite feedback.
Instructor Says:
The EDS allows supervisors to immediately share information with all levels—subcounty, county, and national.

Health facility assessment modules

1. General OTSS:
   - Human Resources & Training.
   - Pharmacy, Stock, Equipment & Reference Materials.
   - Services & Referral.
   - Health Facility Infrastructure.
   - Malaria Reporting.
2. Adherence (Register Review).
3. Clinical Observations:
   - 3 Observations.
4. RDT Observations:
   - Trained Staff RDT Stocks and Reference Materials.
   - 3 Observations.
5. Microscopy Assessment:
   - Microscopy Stocks, Equipment and Reference Materials.
   - IQA/EQA.
   - Microscopy Observations (Prep, Stain, Read).
   - Slide Rechecking.
Instructor Says:
- With one OTSS round, one can see a snapshot in time of how a facility is doing.
- With multiple rounds, you can start seeing trends.
- This information helps to track improvements in quality over time.

Activity: Explaining the EDS app
- 2 minutes to review the EDS app concept.
- Find a partner and explain the EDS concept to him or her.
- 90 seconds to explain concept.
- Now switch and let the other person explain it to you.

Instructor Notes: This activity is designed to get people to partner early in the training and feel comfortable doing quick activities like this. It serves as an icebreaker in addition to an activity. When participants finish the activity, ask participants to discuss the experience. “How did it go? Were you able to explain it? Are there any questions regarding EDS concept?” Tip: The best way to remember a new concept is to explain it to someone else.
To access any app on the tablet, you must log in using a PIN number. This is the SIM card PIN, and the four-digit code is 0000.
“The tablet has many functions. We could spend a whole day just learning all about the cool things it can do. However, for our purposes, this is a work tool. We’re only going to focus on the key components necessary for using the EDS app and getting the job done. You’re going to learn the following:

- Device layout.
- Locking/unlocking screen.
- Changing the font size.
- Adjusting the time and date.
- Battery usage.
- General safety.”
**Using the tablet: Device layout**

- **Power button**: Press and hold to turn on/off. Press to lock or wake screen.
- **Volume button**: Increases sound.
- **Back button**: Takes you back a screen.
- **Microphone**: Useful when speaking on phone or recording.
- **Home button**: Brings you back to home page.
- **Menu button**: Brings up menu of quick actions to be taken.
- **Touch screen**: Screen responds to touch.
- **Earpiece**: For listening to sound.
- **Multipurpose jack**: For earphones and other devices.
Utilize your assistants in the room! Ask each of them to stand strategically so that everyone can see one of them close up. As you point out each item in the list, the assistants will do the same. Use your tablet to demonstrate. Give the participants time to find each feature. Ask if there are any questions before moving on.

- **Charger/USB port**: For charging device or syncing files.
- **Main antenna**.
- **SIM card slot**: For phone and Internet access (airtime required).
- **Memory card slot**: For file storage.
- **Rear camera**: For taking photos/videos.
- **Speaker**: For hearing sound.
- **GPS antenna**: Tracks device location.
- **Headset jack**: For hands-free talking.
Unlock the device
1. Press Power/Lock key. The Lock screen displays.
2. Swipe in any direction.

Lock the device manually
• Press the Power/Lock key.

Utilize your assistants in the room!

Unlock the device
• Press Power/Lock key. The Lock screen displays.
• Swipe across the screen to the right as shown.

Lock the device manually
• Press the Power/Lock key.
Tell the students that they will also learn how to adjust the EDS app font size. This is to adjust it on the tablet only; it will not increase the font size within the EDS app.

Guide them through each step using the slide images.

Ask assistants to help. Ask participants to raise hand if assistance is needed.

- Go to Settings.
- Under Device, tap Display.
- Tap Font Size.
- Select desired font.
Rotating the Screen
Many apps allow the display to be in either portrait or landscape orientation. Rotating the device causes the display to automatically adjust to fit the new screen orientation.

Adjust the date and time
- Tap Settings icon.
- Tap General tab at top.
- Under Device Manager, tap Date and time.
- Select preferred method.

Adjust date and time
1. Go to Settings.
2. Scroll down left column.
3. Under System:
   - Tap Date and time.
4. Select preferred method.
Adjust the brightness level
• Go to Settings.
• Tap Display.
• Tap Brightness.
• Slide bar to right to increase and left to decrease.
From shortcut menu

- Swipe down from the top of your screen.
- A menu will appear with the blue brightness adjustment.
- Move in either direction to change brightness to your liking.

Here also emphasize the importance of turning off Wi-Fi, Bluetooth, and Mobile data to save on battery power and airtime usage when not trying to send data.
Using the tablet: Extended shortcut menu

Additional key features

- Auto-sync
- Power-saving

From shortcut menu

- Swipe down from the top of your screen.
- A menu will appear with the blue brightness adjustment.
- Move in either direction to change brightness to your liking.

Here also emphasize the importance of turning off Wi-Fi, Bluetooth, and Mobile data to save on battery power and airtime usage when not trying to send data.
Using the tablet: Battery usage

Battery
• Rechargeable battery.
• Battery lasts 8 hours.
• Takes 6 hours to recharge battery (from 12% to 100%).
• Always charge your battery before an assessment.
• Status bar shows battery icon with power level.

Important: Uploading videos, photos, and apps will drain the battery faster.

Important Note: Be sure to emphasize that uploading games, photos, and other apps on to the tablet will drain the battery. This tablet is a work tool. In order to function optimally, you should not add these things to your tablet.

Using the tablet: Showing battery percent

Show battery percent
1. Go to Settings.
2. Tap Display.
3. Check the Show battery percent box.

We’re going to follow the steps to show the battery percent in the upper right corner with the battery icon. This is important because it allows you to immediately know exactly how much battery power you have left. Rather than guessing how full or empty your battery is, it appears in the icon.
• Go to Settings.
• Tap Display.
• Check the Show battery percent box.
Demonstrate how to plug the charging head into the tablet. Utilize your assistants in the room by asking them to do the same. Let each student try this. Explain that although the USB can be removed from the plug, you cannot plug the USB into a computer and charge it. This is very important to note! Plugging the USB into a computer is useful for transferring photos and files.
Reducing Battery Consumption

Your device provides options that help you save battery power. By customizing these options and deactivating features in the background, you can use the device longer between charges:

- Press power button to switch to sleep mode when not using device.
- Deactivate Bluetooth.
- Deactivate Wi-Fi.
- Deactivate Mobile data.
- Deactivate app auto-syncing.
- Decrease display brightness.
It’s important you protect your tablet from harmful conditions that can permanently damage it:
- Store in a cool, dry place.
- Keep away from heat, liquids, food, and dust.
- Prevent battery from coming into contact with metal objects.
- Do not use if device, power cord, or battery is damaged.
- Do not use while walking or operating a vehicle.
“Let’s review. The on/off button is on the top left of the tablet. To unlock and lock the screen, you must swipe. You’ve already adjusted the tablet font size via Settings. Next you’ll learn how to adjust the font within the EDS app.

Everyone please point to the battery usage indicator. (Utilize your assistants and have them walk around to make sure everyone knows where it is.)

“Someone please tell me how long the battery will last. Why is it important to charge your battery before an assessment? What are some important things to remember about tablet safety? Do you have any questions about the Tablet User Manual?”

If you think the students need to move a bit at this point, just have everyone stand and stretch for no more than one minute and then sit back down.

Idea for quick stretch: Reach hands above heads and stretch high, then bend over and touch toes. Walk in place. Take three deep breaths.
Slide 30

Questions?

Slide 31

EDS Application: Basic Tablet Functions
Once the EDS app has been downloaded to your tablet, follow these steps to access it:
Step 1: Tap the icon (square with 16 dots) in the lower right corner. This brings you to the apps screen. You will find the EDS app icon here. Tap it to open the application. It might take a few seconds to open.
Logging in to EDS

1. Make sure you are connected to the Internet.
   - Mobile data or Wi-Fi button should be Green.
   - Turn on the stronger data source.

Note: Turn on only Mobile data or Wi-Fi to make sure the tablet uses the stronger signal. For example, if there is a weak Wi-Fi connection available, the tablet will first try to use that signal. To make sure it is using the stronger mobile data signal, turn off Wi-Fi.

Logging in to EDS

2. Type in the following:
   - URL: https://ken.malariaotss.org.
   - User name: First initial, family name. Example: ievance.
   - Password: ketester1234.

3. Be patient:
   - The application will then refresh the metadata and download questions.
   - Can take up to 3 minutes.
   - Only need to do once per OTSS round.
### Logging in to EDS: Common errors

<table>
<thead>
<tr>
<th>Error Message</th>
<th>Potential Problem</th>
<th>Solution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unable to resolve host</td>
<td>URL is incorrect</td>
<td>Make sure URL is exactly:</td>
</tr>
<tr>
<td>Authorization failed user or password incorrect/Unauthorized</td>
<td>No/poor Internet connection</td>
<td>• Make sure Mobile data or Wi-Fi is on and has a connection.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Wait until you have a better Internet connection to try resending the data.</td>
</tr>
<tr>
<td>Malformed URL</td>
<td>URL is incorrect</td>
<td>Make sure URL is exactly:</td>
</tr>
</tbody>
</table>

- Go to [https://eds-ke-dev.baosystems.com](https://eds-ke-dev.baosystems.com).
- Log in with the user name provided to you (Ketester) and your temporary password (Ketester1234).
- This will take you to the landing page of DHIS2.
- From the landing page, go to the profile menu at the upper right side of the screen and select Account.
- Enter your old password (Ketester1234) along with your new password.
- Enter a valid email address and phone number.
- Click save and you’re finished.

### Logging in to EDS

- Log in before each OTSS round to refresh tool.
- **Must** be connected to Internet to log in:
  - Log in while in a central location with good Internet.
  - Can do on Wi-Fi where possible.
- Need Internet connection to refresh metadata but not to load questions.
“To open the assessment, you need to tap the blue circle with the plus symbol in the middle. As you can see from the screen shot, the font is very small. I’d like to first show you how to adjust the font to make it easier for you to see the application.”

**Step 1:** From the landing page of EDS, tap the menu icon which is to the left of the home key. Then tap Settings.

This slide has custom animation. You will notice the orange circle appears around the icon to help participants find it quickly on their tablet. After you explain step 1, you will need to press the slide advancer once to bring up the second image. When you press it again, you will move to the next slide.
Adjusting the font within the EDS app

**Step 2:** Check the option “Customize fonts?” by tapping the empty box. A check mark will appear.
**Step 3:** Select desired font size.
**Step 4:** Tap on the back key for the change to take effect.

This slide has custom animation. You will see the two orange arrows move into the slide from the right. They are pointing to the check box and font size.

**Step 2:** Check the option “Customize fonts?” by tapping the empty box. A check mark will appear.
**Step 3:** Select desired font size.
**Step 4:** Tap on the back key for the change to take effect.
“Now you can see the font is much larger and easier to read. Is everyone satisfied with their font? Does anyone need assistance with changing the font size?”

Click the slide advancer and the orange circle will now appear around the icon that opens the assessment.

“Now let’s open the assessment tool by tapping the blue circle with the plus sign in the middle.”

This slide has custom animation. The “Larger font” word art will expand for emphasis.
Now that everyone has the font size that they prefer, let’s open a checklist and learn how to fill it in.

“To select the Organization Unit, you will need to tap the small gray arrow on the far right.”

Click the slide advancer to make the orange circle appear. This will highlight the gray arrows you’re talking about.

“This is known as a drop-down menu. Whenever you see the arrow, it represents a drop-down menu.”
“To select the Organization Unit, you will need to tap the small gray arrow on the far right.”

Click the slide advancer to make the orange circle appear. This will highlight the gray arrows you’re talking about.

“This is known as a drop-down menu. Whenever you see the arrow, it represents a drop-down menu.”
“After tapping ‘Create an assessment,’ the General OTSS tab appears. OTSS stands for onsite training and supportive supervision. This tab is divided into 6 sections and requires you to enter a range of information, from facility hours of operation, to number of staff members, availability of pharmaceuticals, and more. But first we’re going to look at the full drop-down menu to see the 13 different tabs in the EDS app. We’ll come back to this tab and enter data in a little while. Right now I just want you to get familiar with the entire application.”
Note: This slide had custom animation. You will need to click the slide advancer for each bullet point to appear.

“You are already familiar with a couple of these questions. The 5 types of questions are as follows:
• Yes/No.
• Choose from drop-down menu. You saw this type of question on the opening screen when you selected the facility and survey.
• If yes, then.
• Free text/numbers. You saw this on the user name and password screen.
• Date information.”
“Let’s go to the General OTSS tab now. You will follow along as I show you what each of the 4 types of questions look like. We’ll start with the yes/no question. The questions to the left require only a yes or no answer. To answer the question, you will select yes or no by tapping the appropriate box. Once you tap the box, a check mark will appear.”

Click to the slide advancer. The next screen has an image of the checked boxes.

“Try it out by tapping the box for yes or no. You do not need to accurately answer the question. We’re just practicing the technique right now. Try it a few times to get familiar with this type of question. Does anyone need assistance?”

Utilize your assistants in the room. Have them walk around and assist participants.
“Try it out by tapping the box for yes or no. You do not need to accurately answer the question. We’re just practicing the technique right now. Try it a few times to get familiar with this type of question. Does anyone need assistance?”

Utilize your assistants in the room. Have them walk around and assist participants.
“Now we’re going to look at the drop-down menu. The question is, ‘What is the format for monthly reporting?’ Look where the orange arrow is pointing. Tap the arrow and the menu will appear. Now you need to make a selection from the menu by tapping one of the items listed:

- Paper reports on designated tally sheets.
- Paper reports without tally sheets.
- SMS-based reports.
- Direct computer entry into designated form.
- Email.

For practice purposes, I’m going to select the first answer in the list, ‘Paper reports on designated tally sheets.’ All I did was tap on it.”

Advance the slide to show this image.
“Now we’re going to look at the drop-down menu. The question is, ‘What is the format for monthly reporting?’ Look where the orange arrow is pointing. Tap the arrow and the menu will appear. Now you need to make a selection from the menu by tapping one of the items listed:

- Paper reports on designated tally sheets.
- Paper reports without tally sheets.
- SMS-based reports.
- Direct computer entry into designated form.
- Email.

For practice purposes, I’m going to select the first answer in the list, ‘Paper reports on designated tally sheets.’ All I did was tap on it.”

Advance the slide to show this image.
“Now you can see the answer has been selected. If you want to change the answer just go back to the arrow, the menu will pop up, and you can select again.”

“Were you able to make the selection? Please raise your hand if you need assistance.”
“Whenever you see a question highlighted in blue, it is an indicator that this is an ‘if yes, then…’ question. If you answer yes to this question, an additional question will appear requesting more information from you. Let’s look at this example.

The question is, ‘Are there OPD staff formally trained in RDTs in the last 2 years?’

When you tap yes, the app shows two more questions that appear. The first asks the number of clinical staff trained in case management in the last 2 years. To answer this question, you must tap in the gray box. You will see a flashing white line inside the box; this is known as the cursor. You will also see a number box pop up because this question requires a numerical answer. Tap the appropriate number(s), then tap next. You will see the number box disappears and the keyboard appears so you can type letters. Practice answering this question by typing the name of any organization in the box. Just make up a name for the sake of this exercise. Once you have finished entering the name, tap the back button to make the keyboard disappear.”

Note: This slide had custom animation. Click the slide advancer to pull up the new image on this slide.
“Whenever you see a question highlighted in blue, it is an indicator that this is an ‘if yes, then…’ question. If you answer yes to this question, an additional question will appear requesting more information from you. Let’s look at this example.
The question is, ‘Are there OPD staff formally trained in malaria case management in the last 2 years?’ When you tap yes, the app shows two more questions. The first asks the number of clinical staff trained in case management in the last 2 years. To answer this question, you must tap in the gray box. You will see a flashing white line inside the box; this is known as the cursor. You will also see a number box pop up because this question requires a numerical answer. Tap the appropriate number(s), then tap next. You will see the number box disappears and the keyboard appears so you can type letters. Practice answering this question by typing the name of any organization in the box. Just make up a name for the sake of this exercise. Once you have finished entering the name, tap the back button to make the keyboard disappear.”

Note: This slide had custom animation. Click the slide advancer to pull up the new image on this slide.
“Whenever you see a question highlighted in blue, it is an indicator that this is an ‘if yes, then…’ question. If you answer yes to this question, an additional question will appear requesting more information from you. Let’s look at this example. The question is, ‘Are there OPD staff formally trained in RDTs in the last 2 years?’ When you tap yes, the app shows one more question that appears. The first asks the number of clinical staff trained in case management in the last 2 years. To answer this question, you must tap in the gray box. You will see a flashing white line inside the box; this is known as the cursor. You will also see a number box pop up because this question requires a numerical answer. Tap the appropriate number(s), then tap next. You will see the number box disappears and the keyboard appears so you can type letters. Practice answering this question by typing the name of any organization in the box. Just make up a name for the sake of this exercise. Once you have finished entering the name, tap the back button to make the keyboard disappear.”
“If you select no, there won’t be any additional questions for you to answer.”

“Remember, a blank gray box that does NOT have the arrow in the right corner, will require free-text data. In this example, the question is asking for a numerical answer. When you tap the box, the number box appears. Tap the appropriate numbers and select next if there are more questions to answer. Once you reach the last question, press the back button on the lower frame of the tablet to remove the number box.”
“Remember, a blank gray box that does NOT have the arrow in the right corner, will require free-text data. In this example, the question is asking for a numerical answer. When you tap the box, the number box appears. Tap the appropriate numbers and select next if there are more questions to answer. Once you reach the last question, press the back button on the lower frame of the tablet to remove the number box.”

To remove the keyboard, press the back button on the lower frame of the tablet.
“A blank gray box that does NOT have the arrow in the right corner will require free-text data. Once you press the blank box, a keyboard will pop up. Enter the information. Then to remove the keyboard, press the back button on the lower frame of the tablet.”

To remove the keyboard, press the back button on the lower frame of the tablet.
“If a question is asking for a specific date, a calendar will appear when the blank gray box is tapped.”

“You have two ways to set a date in the calendar. You can either scroll through the month, date, and year columns on the left, or scroll up and down through the monthly calendar to select the month, and then tap the correct day on the right. Once you select the correct date, tap the Set button to close the calendar.”
Depending on how the day is going, allow for a 10- or 15-minute break. Let the participants know that they can use this time to make phone calls, use the restroom, stretch, drink coffee/tea, etc.
General OTSS: Overview

• Collects general information about the facility.
• Catalogues key infrastructural components in malaria case management.
• Assesses the proportion of patients who receive a malaria test prior to treatment.
• Assesses provider adherence to positive and negative test results.
General OTSS module: Sections

- Head of Health Facility.
- Supervisor Information.
- Human Resources and Training.
- Health Facility Infrastructure.
- Stocks and Equipment.
- Malaria Diagnostics.
ACTIVITY: Simulated observation
Module: General OTSS

The Instructor will provide you the answer to each question and you will mark appropriately.

START USING THE GENYMOTION APPLICATION SIMULATOR ON THIS SLIDE

Facilitator Notes:
• The purpose of this exercise is to have participants practice entering a full General OTSS module.
• During this exercise, the Instructor will provide information about what he/she is observing in the simulated scenario and call out what participants should fill in on their tablets.
• The learners are expected to follow the information and enter the correct data in the EDS app.
• This exercise is intended to move slowly and deliberately.
• Learners should be encouraged to ask questions and seek immediate assistance when they do not understand the instructions. Information may need to be repeated multiple times for all learners to understand.
• The General OTSS section will take approximately 1 hour to complete as you slowly guide the participants through the activity.
• At the end, the instructor should have participants check their scores against the instructors’ score. If there are differences, they should look at the module of any neighbor whose score matches the instructor’s.
• Please do not rush.
*BEFORE STARTING THIS SESSION, MAKE SURE THAT ALL TABLETS HAVE SIM CARDS & AIRTIME LOADED.
“Once your survey is complete, navigate back to the landing page. Your survey should appear under Active Assessment(s).
Press and hold on your survey. A prompt should appear asking if you are sure you want to send data to DHIS2. Select ‘yes.’
You will be asked for your log in credentials. Use the user name provided to you and your password. Click ‘Sign in.’ The application should automatically send data to DHIS2. If you entered an incorrect user name/password combination, you will receive an ‘unauthorized’ message. If your survey was sent successfully, you will receive a message saying that your survey was successfully sent to DHIS2 and your survey will appear in the ‘Sent Assessments’ portion of the landing page.”
Pushing data to EDS Online

3. A prompt appears with “Edit, Mark as completed, Delete.”
4. Select “Mark as completed.”

Pushing data to EDS Online

5. A prompt appears with “Are you sure you want to complete? You cannot undo this action.”
6. Select “OK” to complete assessment.
“Once your survey is complete, navigate back to the landing page. Your survey should appear under “Complete Assessments.” It will automatically submit when the tablet is connected to the Internet.”

“Our survey will appear in the ‘Sent Assessments’ portion of the landing page with a dash (-) if sent and an asterisk (*) if not yet sent. If not yet sent, the survey will submit automatically when the tablet is connected to Internet.”
*BEFORE STARTING THIS SESSION MAKE SURE THAT ALL TABLETS HAVE SIM CARDS & AIRTIME LOADED

1. Click on the survey of choice under Complete Assessment(s).
2. This will take you to the failed questions.
How to review results

3. To see both failed and passed questions, uncheck the blue tick box.

How to review results

4. Pass/fail screen then appears.
*BEFORE STARTING THIS SESSION, MAKE SURE THAT ALL TABLETS HAVE SIM CARDS & AIRTIME LOADED.
To Exit the EDS App:
- Tap back arrow or left-pointing arrow in top left corner.
- A pop-up window will appear: “Are you sure you want to exit?”
- The window will give two options: Cancel or OK
  - Cancel will bring you back to the tab.
  - OK will exit you from the tab and bring you back to the home page of the EDS app.
- Tap back button again and another window will appear: “Really Exit?” and “Are you sure you want to exit the app?”
- Tap OK; this returns you to tablet home page.
### Logging out: Active versus completed modules

<table>
<thead>
<tr>
<th>Active modules</th>
<th>Completed modules</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Active modules" /></td>
<td><strong>Completed modules</strong></td>
</tr>
<tr>
<td><img src="image2.png" alt="Completed modules" /></td>
<td><strong>Unsent versus Sent</strong></td>
</tr>
</tbody>
</table>

### Power off = Logging out

- Will automatically log you out.
- Will erase all active modules.
- Will erase all unsent completed modules.

---

**Data will be lost**
Exiting versus logging off

**Exit**
- During OTSS round.
- End of each day.
- *No Internet required to re-enter.*

**Log off**
- At the end of the OTSS round.
- *Need Internet to log back in.*

*BEFORE STARTING THIS SESSION, MAKE SURE THAT ALL TABLETS HAVE SIM CARDS & AIRTIME LOADED.*
SEE HANDOUT: End User Manual—Kenya

“The purpose of the end user manual is to provide you with information to assist you in navigating the EDS app. Let’s start by looking at the table of contents.”

Read through the table of contents aloud for everyone to hear while participants follow along with their own copies. After reading through the table of contents, explain that the user can find the topic they need in the table of contents and then go directly to the corresponding page to find information. Give an example and let them find the topic.

*Be sure to emphasize the common problems section of the End User Manual.*
Section review

• Opening the app/landing page.
• Navigating through menus.
• Entering data in the EDS app.
• Logging out.
• Utilizing the end user manual.

Let’s review the key topics from this section. Have the participants go through each:
• Log in, navigate through menu, select tab, enter data, log out.
• Ask participants how to use the manual.
• Ask participants if they have any questions. Answer questions or write questions on flip chart to be answered later.
Adherence module

• **Register availability:**
  – Slide bar to the right if both laboratory and pharmacy/clinical registers are available.
  – If registers (or informal register books) are not available, then leave it marked as “Off-No”

---

Adherence module

• **Test Prior to Treatment:**
  – Review 20 records of patients who received ACTs from OPD register.
  – Review lab registers to see if they have test results recorded.

---

“Note: We use the OPD register because we want to focus on what clinicians are prescribing rather than treatment received.”
Adherence module

- Adherence to Test Results:
  - Review 5 RDT+, 5 RDT-, 5 Micro+, 5 Micro- in lab register.
  - Review pharmacy or OPD register to find treatment prescribed.
ACTIVITY: Simulated observation

Module: Adherence

The Instructor will provide you the answer to each question and you will mark appropriately.

START USING THE GENYMOTION APPLICATION SIMULATOR ON THIS SLIDE.

Facilitator Notes:
• The purpose of this exercise is to have participants practice entering a full General OTSS module.
• During this exercise, the Instructor will provide information about what he/she is observing in the simulated scenario and call out what participants should fill in on their tablets.
• The learners are expected to follow the information and enter the correct data in the EDS app.
• This exercise is intended to move slowly and deliberately.
• Learners should be encouraged to ask questions and seek immediate assistance when they do not understand the instructions. Information may need to be repeated multiple times for all learners to understand.
• The General OTSS section will take approximately 1 hour to complete as you slowly guide the participants through the activity.
• At the end, the instructor should have participants check their scores against the instructors’ score. If there are differences, they should look at the module of any neighbor whose score matches the instructor’s.
• Please do not rush.
RDT Assessment: Module Overview & Simulation

RDT modules

- RDT assessment.
- RDT observations.

Tip: Use drop-down list to access tabs.

Note that the RDT Assessment Module has tab groups.
RDT module: Assessment

- Collects supervisor information.
- Catalogues training overview of OPD staff.
- Assesses facilities with RDT stock-outs.
- Assesses external quality assurance.

General OTSS: Where the data on systems issues (HR, stock, equipment) is recorded
General OTSS Feedback & Action Plan: Where feedback is summarized and action plans are recorded. This will be discussed in more depth in a later section of the training.
Adherence: Where data for review of registers is recorded.
Composite Scores: Final scores from the General OTSS and Adherence sections.

RDT module: Observations

- Collects health worker information.
- Assesses RDT, patient, preparation.

General OTSS: Where the data on systems issues (HR, stock, equipment) is recorded
General OTSS Feedback & Action Plan: Where feedback is summarized and action plans are recorded. This will be discussed in more depth in a later section of the training.
Adherence: Where data for review of registers is recorded.
Composite Scores: Final scores from the General OTSS and Adherence sections.
RDT module: Observations

- Assesses blood collection and application to RDT.
- Collects information on RDT procedure, waste disposal.

- General OTSS: Where the data on systems issues (HR, stock, equipment) is recorded.
- General OTSS Feedback & Action Plan: Where feedback is summarized and action plans are recorded. This will be discussed in more depth in a later section of the training.
- Adherence: Where data for review of registers is recorded.
- Composite Scores: Final scores from the General OTSS and Adherence sections.
ACTIVITY: Simulated observation

Module: RDT

The Instructor will provide you the answer to each question and you will mark appropriately.

Facilitator Notes: Repeat simulation with mRDT module
- The purpose of this exercise is to have participants practice entering a full RDT module.
- During this exercise, the Instructor will provide information about what he/she is observing in the simulated scenario and call out what participants should fill in on their tablets.
- The learners are expected to follow the information and enter the correct data in the EDS app.
- This exercise is intended to move slowly and deliberately.
- Learners should be encouraged to ask questions and seek immediate assistance when they do not understand the instructions. Information may need to be repeated multiple times for all learners to understand.
- The RDT section will take approximately 45 minutes to complete as you slowly guide the participants through the activity.
- At the end, the instructor should have participants check their scores against the instructors’ score. If there are differences, they should look at the module of any neighbor whose score matches the instructor’s.
- Please do not rush.
Lunch break for 1 hour

Break-Out Sessions:
Clinical/Lab Overview & Simulation
ACTIVITY: Simulated observation

Module(s): Clinical & Lab

The Instructor will provide you the answer to each question and you will mark appropriately.

Facilitator Notes: Repeat simulation with Clinical & Lab sections of checklist
- The purpose of this exercise is to have participants practice entering a full Clinical and Lab module.
- During this exercise, the Instructor will provide information about what he/she is observing in the simulated scenario and call out what participants should fill in on their tablets.
- The learners are expected to follow the information and enter the correct data in the EDS app.
- This exercise is intended to move slowly and deliberately.
- Learners should be encouraged to ask questions and seek immediate assistance when they do not understand the instructions. Information may need to be repeated multiple times for all learners to understand.
- Each section will take approximately 60 minutes to complete as you slowly guide the participants through the activity.
- At the end, the instructor should have participants check their scores against the instructors’ score. If there are differences, they should look at the module of any neighbor whose score matches the instructor’s.
- Please do not rush.
*BEFORE STARTING THIS SESSION, MAKE SURE THAT ALL TABLETS HAVE SIM CARDS & AIRTIME LOADED.

Be sure to write the contact information for the person who will help troubleshoot all application challenges on a flip chart.
Name:
Phone Number:

Distribute contact information, or ask supervisors to put it in their phone if they don’t already have it.
Issues tracker: Documentation

- MalariaCare/county staff will record the information in the following sheet and report to developers.

Be sure to write the contact information for the person who will help troubleshoot all application challenges on a flip chart.

Name:
Phone Number:

Distribute contact information, or ask supervisors to put it in their phone if they don’t already have it.
The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

MalariaCare supervisor training: Electronic data system session II

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.

The US Agency for International Development (USAID) funded MalariaCare under the terms of Cooperative Agreement No. AID-OAA-A-12-00057. The information provided in this presentation does not necessarily reflect the views or positions of USAID or the US Government.

MalariaCare supervisor training: Electronic data system (EDS) session II

Outreach training and supportive supervision (OTSS)

MalariaCare supervisor training: Electronic data system (EDS) session II

Outreach training and supportive supervision (OTSS)
Day 1 review

Questions from yesterday?

You will ask participants to raise their hands for each question that applies. After seeing the raised hands, explain the following key points to participants:

- It will be important to be very familiar with how the tablets work when you are out in the field. If you do have problems, you will be able to reach designated point people at MalariaCare and the NMCP who can help troubleshoot any issues.
- You should charge your tablet every night!!!
You will ask participants to raise their hands for each question that applies. After seeing the raised hands, explain the following key points to participants:

- It will be important to be very familiar with how the tablets work when you are out in the field. If you do have problems, you will be able to reach designated point people at MalariaCare and the NMCP who can help troubleshoot any issues.
- You should charge your tablet every night!!!
- Pictures and other apps clog up the tablet’s memory. Remember, this is a professional tool, NOT a personal one!
- Who knows how to . . . (choose anything, such as “open a new checklist,” “check your email,” “check the weather,” “download apps,” etc.)?
Feedback and action plan module overview

Objectives

By the end of this section, you will be able to:
• Complete the Feedback and Action Planning tab.
• Identify problems and propose solutions.
• Effectively prepare for and conduct action planning sessions.

“At the end of an assessment, there is a tab called Feedback and Action Planning. These two steps are essential to behavior change and improved outcomes.”

You can read this information off the slide by pointing to each time frame. When pointing, always use an open hand. Be careful not to turn your back on your participants. Maintain an open posture.
Slide 8

Feedback and action plans

- Identify top three key problems that can be solved in the near term with existing resources.
- Facilitate discussion with facility staff to define clear action plans to resolve the issues.

This slide explains: “What are feedback and action plans?”

Slide 9

SMART action plans

- Specific issue:
  - Specify who will do what, when, and where.
- Measurable results:
  - How will you know when this action is accomplished?
- Achievable:
  - How possible is it to address this issue?
- Realistic to resolve/improve the issue:
  - Can this problem be solved with current resources?
- Time-bound:
  - When will these steps be taken?

This slide is to remind participants of the criteria referenced earlier in the training. Remember to use the SMART action plan components discussed earlier in the training: specific, measurable, achievable, realistic, and time-bound.
Ask these questions when planning feedback

- Can I identify and accurately describe the behavior or performance I want to redirect or reinforce and its effects on others in the organization?
- Do I have detailed examples of the act and its effects that I can use to support my descriptions?
- Can I identify and describe the results that I hope my reinforcement or redirection will produce?
- Does the person receiving the feedback understand my expectations for his or her performance?
- Is the person receiving the feedback really responsible for the act in question?

Highlights from communications presentations done earlier!

Feedback: Discussing the findings

Allow participants to ask questions
- Clarify appropriately.
- Assist the participants to carry out root-cause analysis by guiding them.
- Let them come up with the possible solutions.
- Agree on the timelines and follow up procedures.

Feedback: Concluding the presentation
- Be brief and to the point.
- Summarize or review the main points.
  - Remind them of the importance of what you have said.
  - Emphasize your major conclusions.
  - Share recommendations.

Highlights from communications presentations done earlier!
“This tab will ask you to describe up to six key activities conducted during your OTSS visit to correct weaknesses and challenges identified at the facility. We will now walk through the information to be provided in this section.”

Walk the students through an example of how this tab works by filling in a sample action as you describe each entry to be provided.

“First, you will select the topic that the gap relates to. If the gap identified is not specifically related to ‘Case Management,’ ‘RDT,’ ‘Microscopy,’ or ‘Health Systems Issues,’ you can select ‘Other.’ Let’s walk through an entry together. Can someone please identify one of the gaps we observed during one of our simulated observations?”

Select appropriate topic for the volunteered gap.
“Next, we will select the category of corrective action or feedback that you provided. If you did not address this gap by lecturing the provider on the correct method, demonstrate the procedure, provide coaching/mentoring, or review/develop a document or SOP on the procedure, then select ‘Other.’ You are able to enter up to two categories of feedback you provided. How was our gap addressed during the observation?”

Select the appropriate categories of feedback provided.

Note that there are two category options so that you can apply more than one corrective action category to an issue (i.e., you did both a lecture and demonstration).
“Next, we will enter the number of staff you gave this feedback to, and finally, describe the gap addressed and the actions you took to address it. Did you provide a demonstration on correctly staining a slide for three lab technicians who were not allowing slides to air dry? Did you review treatment guidelines with a clinical officer who prescribed injectable artemisinin for every malaria diagnosis? You can document up to six gaps identified and the corrective action you took.”

Have participants independently fill in two more gaps/actions taken. Use facilitators to walk around and help individuals where needed.
“After documenting the gaps and actions that you have identified, total the number of staff reached with these actions. Take care not to double-count staff if they received feedback on more than one of the listed actions. For example, if you provided feedback to all five clinics on the proper way to fill in the clinical register, then do not count any clinicians who also received a demonstration on properly conducting an RDT.”
“This tab will ask you to identify gaps or problems that you observed at the last OTSS visit. You will describe the issue and check the topic to which the gap related just as you did on the Immediate Corrective Action tab.”

Key notes:

• **Use the supervision book at the health facility to fill in the gap from the last visit.**

• **Gap Last Visit:**
  - This should be a very specific description.
  - The last visit gap does not automatically populate from previous assessments. We are working with developers to make this work in a future version of the application.

• **Topic:** These are the same as the topics under the Immediate Corrective Actions: ‘Case Management,’ ‘RDT,’ ‘Microscopy,’ ‘Health Systems Issues,’ or ‘Other.’

• **Possible Causes:** With the health care workers at the facility, explore all possible reasons why this gap may exist. Use any available evidence to prove/disprove their theories (i.e., if they say they’re too busy, ask: How many patients are there at this health facility? Is it truly busy?)

• **SMART Target:**
  - Write out a target that is specific, measurable, achievable, realistic, and time-bound.
  - It’s good practice to relate this target to a specific item on the checklist if possible/appropriate.

• **Facility HCW Responsible:** This is the person at the health facility who was responsible for implementing the action.

• **OTSS Supervisor Responsible:** This is the OTSS supervisor responsible for following up on the action.

• **Person Accountable:** This would be the facility person in charge who is accountable to make sure the action plan is undertaken at the health facility.

• **Has this issue been addressed?** As observed during this follow-up visit, has the issue as described above been addressed?

• **If addressed:** Explain how gap was addressed. If the gap was not addressed, write a new action plan to address.
“This tab will ask you to identify the three biggest gaps or problems you observed today. The structure is similar to the Last Visit Gaps on the previous slide but refers to new issues you identified on the day of the visit.”

Walk participants through these categories. This time, ask them to define each of these categories.
Activity: Feedback and action planning

**Instructions:** This exercise will take approximately 60–90 minutes.

- Break all participants into small groups of 4: 2 clinicians, 2 lab technicians.
- In this small group, pair up 2 sets of a clinician and a lab technician.
- Working in their smaller groups of 2, subteams should use the modules submitted on the previous day (everyone should have roughly the same scores and a complete set of modules for a Test Facility) to identify the key gaps that they want to address with the “health care workers.” They should do this by:
  - Reviewing the modules submitted.
  - Taking notes on the key issues identified.
- After identifying key issues, they should come back together in groups of 4. The 2 subteams (clinician & lab tech) should then take turns acting as supervisors and health care workers.
- The “supervisors” should practice giving feedback to “health care workers” on the key issues identified and facilitate a discussion on possible causes and potential actions that the facility could take. The “supervisors” should then work with the “health care workers” to agree on a final action plan and a SMART target (including timeline). The “supervisors” should assign people to be responsible and accountable.
- The 2 subteams should then switch roles so that the “supervisors” become the “health care workers” and the “health care workers” become the “supervisors” and repeat the process.
Exercise

- Using the following observation, fill out your three action plans using the tablet.
- Submit the checklist.

Note that this is an additional exercise that could be done if time allows and more practice is required. Or it could be used instead of the previous exercise if we are short on time.

Using the following case study, have participants enter the action plans on their tablets.

Exercise: Filling in an action plan

You are visiting a small health facility that has one clinician who sees patients in a consultation room, a technician in the next room who performs rapid diagnostic tests (RDTs), and a pharmacist in the small pharmacy room who dispenses medications based on orders written by the clinician.

During your observations, you notice the following problems that you want to discuss with the facility staff.
Issues identified

- The lab technician performing the RDT did not wear gloves or a lab coat while collecting blood samples.
- The clinician prescribed SP to all four patients he diagnosed with malaria.
- The facility only fills in the client name and medication prescribed in the clinic register.
- The lab technician does not keep a register but sends patients back to the clinician with test results written on a slip of paper.

Practical exercise: Adherence reviews

“We use records reviews to get an idea of how well a facility adheres to malaria test results. In this section, you will practice filling in the adherence section.”
Slide 24

Evaluating testing prior to treatment

1. Record the patient ID of 20 patients who were prescribed an ACT.
2. Find those patients in the lab register and record their test results.

SEE HANDOUT:
Handout 2.2: Sample register for record review practice
Hand out the “Clinical Register” and “Lab Register” worksheets for participants to locate 20 entries of patients prescribed ACTs. Then, switch to the “Lab Register” tab for participants to locate the records. Remind participants that they should fill out ALL fields. Otherwise, it will lower the score.

Slide 25

Discussion

- Why is it important for us to be able to track patients from OPD to the laboratory?
- What was your score?
- What feedback would you give to this facility?
- What was difficult about this exercise?

Ask participants to raise their hands for the answer that applies.
“What was your score? How many had a score of 40%?”
Go up from there by tens—50%, 60%, etc. For the score where the majority raised their hands, ask what they did to get that score. For an outlier on the high/low end, ask them about their process.

Note that due to poor recordkeeping and differences in how data was collected, scoring ranged from 50% to 90% for Testing Prior to Treatment.
Evaluating adherence to test results

1. Record the patient ID of 5 patients for each of the following:
   • RDT +
   • RDT -
   • Microscopy +
   • Microscopy -

2. Find those patients in the pharmacy/clinical register and record whether they received an ACT.

Instruct participants to use the “Lab Register” Excel sheet to locate 20 entries. Then, have participants switch to the “Clinical Register” to locate those records to determine which entries received ACT prescriptions.

Remind participants that they should fill out ALL fields. Otherwise, it will lower the score. That includes writing in an “N/A” for facilities that do not have microscopy.
Discussion

• Why is it important to be able to track both patient laboratory results and their prescription records?
• What was your score?
• What feedback would you give to this facility?
• What was difficult about this exercise?

Ask participants to raise their hands for the answer that applies.

“What was your score? How many had a score of 40%”

Go up from there by tens—50%, 60%, etc. For the score where the majority raised their hands, ask what they did to get that score. For an outlier on the high/low end, ask them about their process.

Note that due to poor recordkeeping and differences in how data was collected, scoring ranged from 60% to 90% on positive adherence and 30% to 60% on negative adherence.
Break: 15 minutes

Breakout sessions: Clinical/lab practice

Clinicians and lab staff will separate to practice data entry during observations.
Clinicians and lab staff will separate to practice data entry during observations.
**RDT scenario: Completing checklist**

- **Objective:** To prepare for the simultaneous tasks of observing a fever assessment to identify areas to mentor and collecting all the data in the observation.

- **Instructions:**
  - Break into small groups of 4 to 5.
  - Assign health care worker, patient, and supervisor roles.
  - Observe RDT simulation while filling out the checklist.
  - Use Results section to provide feedback to health care worker.

---

**Equipment required:** RDT test kits—enough for each small group, with buffer for each group.

**Instructions:** Break into small groups of 4 to 6 people.
The supervisors should be split up as follows:
- HCW.
- Patient
- Designated supervisor: One supervisor who is designated to give feedback to the HCW at the end of the observation.
- Supervisor: Rest of participants.

**Steps:**
- Privately, instruct the HCW to make a few mistakes in the RDT process so that the supervisor can practice identifying the mistakes.
- Tell all supervisors to watch the RDT and fill out the checklist.
- After the observation, the designated supervisors will give feedback to the HCW.
- All other supervisors will then provide feedback to the designated supervisor on the feedback they provided.
- Have supervisors compare scores. Are they similar? What are the key differences?
*If time allows, have them rotate so that all get a chance to act as a supervisor at least once.*
Group discussion

- Was it challenging to observe all the steps while not being overly intrusive in the patient encounter?
- Are there any steps in the RDT observation that you left blank, and if so why?
- How long after you perform an RDT should you wait to read the results?
- For both positive and negative tests?
- What is a likely consequence of not waiting 20 minutes?
- How can we improve compliance to this?

Bring back all lab staff together for a large group discussion.

Ask for participants to share any experiences and/or ideas they have to try to improve compliance and accuracy of waiting 20 minutes before deciding that a test is negative. This may also be a good time to discuss the persistence of HRPII antigen in *P. falciparum*, that this has been extended out from 2 weeks to closer to 30 days, and alternatives to diagnosis if a patient was just treated 3 weeks ago (microscopy, for example).

Clinicians and lab staff will separate to practice data entry during observations.
Clinical scenarios: Completing checklist

- **Objective:** To prepare for the simultaneous tasks of observing a fever assessment to identify areas to mentor and collecting all the data in the observation.

- **Instructions:**
  - Conduct exercise as a large group.
  - Assign health care worker, patient, and supervisor roles.
  - Observe clinical simulation while filling out the checklist.
  - Use Results section to provide feedback to health care worker.

SEE HANDOUT:  
*Instructor Handout 2.3: Scripted clinical case scenarios.*

Assign roles to HCW and patient roles to trainers who will use the script.

Learning points: Assessments are often rapid and will not follow the order of the assessment in the tablet. Often, many of the tasks will not be performed. This does not invalidate the observation. You don’t have to observe consecutive patients; rather you can take time to complete the tablet observation from the previous patient and take time to gather your thoughts.

Discussion questions:
- Did you try and fill out two observation forms?
- How much of the observation forms were you able to fill out?
- What were the major challenges to completing all the steps in the observation?
- How will you deal with the fact that the patient has gone to the lab to have the RDT done and will only come back to the clinician to have the results read and treatment given?
- If you don’t remember if something was asked, should you ask the clinician if they asked that question or should you leave that question blank?
Slide 35

Slide checking scenarios

• Objective: Demonstrate and discuss effective mentoring techniques.

• Instructions: In small groups, identify the issue on each slide and discuss what mentoring you would give the lab staff to correct the issue.

Break participants into small groups to identify and discuss the issues on the following slides. Ask them to describe the error and role-play mentoring on that issue.

Slide 36

OTSS data review
Objectives

By the end of this session, participants will be able to:

• Understand key OTSS indicators.
• Develop strategies to ensure collection of high-quality, complete data.

Onsite training & supportive supervision

• 280 facilities visited in Round 1 of OTSS, across 3 counties: Vihiga, 44; Migori, 124; Kisumu, 112.
• In Round 1, MalariaCare used paper-based checklists. For upcoming rounds, use of Electronic Data System.
OTSS methodology

- Use a performance checklist to:
  - Evaluate infrastructural capacity.
  - Observe performance of key steps.
  - Perform register review for testing and adherence.
  - Provide structured mentoring.
  - Develop action plans.

- Diagnostic and case management performance measured by:
  - Overall facility performance on observations:
    - 2/3 score due to minimum standard steps.
    - 1/3 score due to other important steps.
    - Target: 1st target, 75% compliance; 2nd target, 90% compliance.
  - Register review:
    - Sample of clinical/laboratory registers reviewed.
    - Target: 90% compliance.

1. RDT competency

**Indicator:** Proportion of health facilities meeting target of 75% compliance with RDT steps.

**Denominator:** # of facilities offering RDT services.

**Numerator:** # of facilities meeting 75% of steps.

<table>
<thead>
<tr>
<th>Minimum Standard Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Collects an adequate amount of blood.</td>
</tr>
<tr>
<td>2. Dispenses blood in correct well.</td>
</tr>
<tr>
<td>3. Applies buffer to correct well.</td>
</tr>
<tr>
<td>4. Waits for correct amount of time (20-30 minutes according to manufacturer's instruction).</td>
</tr>
<tr>
<td>5. Reads test result correctly.</td>
</tr>
<tr>
<td>6. Records results correctly in register.</td>
</tr>
</tbody>
</table>

- The time period for immersing stains differs by country protocols. Specific directions are included in each checklist.
- If a facility offers microscopy and does not have complete data for this indicator for the most recent visit, it is counted as not meeting the standard.
- A facility must have at least one complete observation (even if across multiple observations) to be included.
- Facilities with more observations completed (out of 3) will have a more difficult time meeting this indicator.
- In larger facilities where there are a greater number of staff people, fluctuations could occur due to different staff of varying skill levels being observed across OTSS visits.
### OTSS 1st Visit: RDT item analysis

<table>
<thead>
<tr>
<th>Average Facility Performance on Minimum Standard Steps</th>
<th>Avg.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collects adequate amount of blood (n=191)</td>
<td>83%</td>
</tr>
<tr>
<td>Dispenses blood in correct well of RDT device (n=191)</td>
<td>100%</td>
</tr>
<tr>
<td>Applies buffer to correct well of RDT device (n=191)</td>
<td>99%</td>
</tr>
<tr>
<td>If results are negative, waits for correct amount of time per manufacturer’s instruction (n=191)</td>
<td>84%</td>
</tr>
<tr>
<td>Reads test results correctly (n=191)</td>
<td>100%</td>
</tr>
<tr>
<td>Records results correctly in register (n=191)</td>
<td>85%</td>
</tr>
</tbody>
</table>

---

### 2. Microscopy competency

**Indicator**: Proportion of health facilities meeting target of 75% compliance with all microscopy steps.  
**Denominator**: # of facilities with microscopy.  
**Numerator**: # of facilities meeting 75% of steps.

**Minimum Standard Steps**

- **Slide preparation**
  1. Blood sample spread into 1-2 cm diameter circle; can read print placed under the slide.
  2. Slide air-dried before staining.

- **Slide staining**
  1. (Giemsa) Uses standard 10% Giemsa solution.
  2. (Giemsa) Immerses thick slide in Giemsa stain according to country protocols, or
  3. (Field) Immerses thick slide in field stain A according to country protocols.
  4. (Field) Immerses thick slide in field stain B according to country protocols.

- **Slide reading**
  1. Clinician/supervisor agreement on slide positivity.

- A facility must have at least one complete observation (even if across multiple observations) to be included.
- Facilities with more observations completed (out of 3) will have a more difficult time meeting this indicator.
- In larger facilities where there are a greater number of staff people, fluctuations could occur due to different staff of varying skill levels being observed across OTSS visits.
OTSS 1st Visit: Microscopy item analysis

<table>
<thead>
<tr>
<th>Average Facility Performance on Minimum Standard Steps</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spreads thick film into 1-2 cm diameter circle; can read print under slide (n=81)</td>
<td>78%</td>
</tr>
<tr>
<td>Slide air-dried before staining (n=81)</td>
<td>88%</td>
</tr>
<tr>
<td>(Giemsa) Uses standard 10% Giemsa solution (n=60)</td>
<td>98%</td>
</tr>
<tr>
<td>(Giemsa) Immeres thick slide in Giemsa stain for 10 to 15 minutes (n=60)</td>
<td>93%</td>
</tr>
<tr>
<td>(Field) Immeres thick slide in field stain A for 3 seconds (n=28)</td>
<td>69%</td>
</tr>
<tr>
<td>(Field) Immeres thick slide in field stain B for 5 seconds (n=28)</td>
<td>67%</td>
</tr>
<tr>
<td>Clinician/supervisor agreement on slide positivity (n=81)</td>
<td>96%</td>
</tr>
</tbody>
</table>

- Small number of facilities with microscopy observations.
- Insufficient data for overall scores—only two facilities.
3. Clinical management

**Indicator:** Proportion of health facilities meeting target of 75% compliance with clinical management steps.

**Denominator:** # of facilities with clinical observations.

**Numerator:** # of facilities meeting 75% of steps.

<table>
<thead>
<tr>
<th>Minimum Standard Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Current data</strong></td>
</tr>
<tr>
<td>1. Checks for at least one sign of severe disease.</td>
</tr>
<tr>
<td>2. Correctly orders a malaria test.</td>
</tr>
<tr>
<td>3. Correct prescription ordered per results of the malaria test.</td>
</tr>
<tr>
<td>4. Supervisor agrees with final diagnosis and severity assessment.</td>
</tr>
<tr>
<td><strong>Future OTSS rounds</strong></td>
</tr>
</tbody>
</table>

- A facility must have at least one complete observation (even if across multiple observations) to be included.
- Facilities with more observations completed (out of 3) will have a more difficult time meeting this indicator.
- In larger facilities where there are a greater number of staff people, fluctuations could occur due to different staff of varying skill levels being observed across OTSS visits.
- Does the health worker ask/check for signs of severe disease?
- Supervisor: Do you agree with the health worker's decision to order or not order a malaria test?
- Supervisor: Did the health worker appropriately classify the illness according to disease diagnosis and severity assessment?
- Supervisor: Do you agree with the health worker's decision to provide or not provide an antimalarial?
- Supervisor: Was an antimalarial given according to national guidelines (correct dosage and duration for case)?
Of the 66 facilities presumed to have labs, only 7 had lab observations, so we did not present this by region.

- Small number of facilities with microscopy observations.
- Insufficient data for overall scores—only two facilities.

<table>
<thead>
<tr>
<th>Average Facility Performance on Minimum Standard Steps</th>
<th>Avg.</th>
</tr>
</thead>
</table>
| Checks for at least one of the following severe disease signs (n=158):  
  - Change in behavior, altered consciousness, or coma.  
  - Convulsions.  
  - Reduced urinary output or dark urine.  
  - Prostration/generalized weakness.  
  - Inability to drink.  
  - Deep breathing/respiratory distress.  
  - Jaundice (yellow eyes or skin). | 90% |
| Correctly ordered a malaria test (n=158) | 96% |
| Correctly diagnosed disease severity (n=158) | 97% |
| Correct prescription per malaria test result (n=158) | 84% |
4. Testing prior to treatment

**Indicator:** Proportion of health facilities in which 90% of those receiving an ACT have a prior malaria test result.

**Denominator:** # of health facilities visited.

**Numerator:** # of health facilities visited in which 90% of the patients who were prescribed ACTs in the pharmacy or clinical register have a malaria microscopy or RDT test result recorded.

**Notes:**
- ACT prescription proxy for malaria suspect.
- Previously, this was only assessed by clinical observation.

Note: This is different from what we presented in the annual report:

- A facility must have at least 5 complete records to be included.
- If a facility does not have complete data for this indicator for the most recent visit, it is counted as not meeting the standard.
- Note that it will be extremely difficult to reach 90% if they don’t have at least 10 records, because if they miss more than 1, then the facility won’t reach the target.
- If a facility has both RDT and microscopy, they should fill out both sections. However, we don’t currently count as missing if they don’t fill out one section or another even if they offer both. We could consider this in the future.
5. Adherence to negative test results

**Indicator:** Proportion of health facilities where 90% or more of patient records with negative test results are not prescribed an ACT.

**Denominator:** # of health facilities visited.

**Numerator:** # of health facilities for which at least 90% of the sampled patient records with a negative microscopy and/or RDT test results recorded in a laboratory register are not prescribed an ACT in the clinical or pharmacy register.

**Sampling of records:** 5 RDT -, 5 Microscopy -.

---

**Previous indicator:** Proportion of targeted service providers demonstrating compliance to treatment guidelines for cases with negative malaria test results at the time of the most recent supervisory visit within the reporting period.

**Changes to indicator:** We have changed this indicator for the following reasons:

- Observation bias could result in most providers who are observed ordering a malaria test, even if it is not routine practice. Thus, we wanted to try to verify by using facility records rather than clinical observation.
- We feel that OTSS is a facility-level intervention and should be monitored at the facility level.

We have also included additional information to disaggregate by test type (microscopy versus RDT) to see if trends in adherence differ.
6. Adherence to positive test results

**Indicator:** Proportion of health facilities where 90% or more of positive test results are found to have an ACT prescription.

**Denominator:** # of health facilities visited.

**Numerator:** # of health facilities in which at least 90% of the sampled patient records with a positive microscopy and/or RDT test results recorded in a laboratory register are prescribed an ACT in the clinical or pharmacy register.

**Sampling of records:** 5 RDT +, 5 Microscopy +.

**Previous indicator:** Proportion of targeted service providers demonstrating compliance to treatment for cases with positive malaria test results at the time of the most recent supervisory visit within the reporting period.

**Changes to indicator:** We have changed this indicator for the following reasons:

- Observation bias could result in most providers who are observed ordering a malaria test, even if it is not routine practice. Thus we wanted to try to verify by using facility records rather than clinical observation.
- We feel that OTSS is a facility-level intervention and should be monitored at the facility level.

We have also included additional information to disaggregate by test type (microscopy versus RDT) to see if trends in adherence differ.
OTSS 1st visit: Data completeness

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Kisumu (n=112)</th>
<th>Migori (n=124)</th>
<th>Vihiga (n=44)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microscopy</td>
<td>19%</td>
<td>32%</td>
<td>30%</td>
</tr>
<tr>
<td>RDTs</td>
<td>38%</td>
<td>23%</td>
<td>31%</td>
</tr>
<tr>
<td>Clinical Testing</td>
<td>71%</td>
<td>30%</td>
<td>31%</td>
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<tr>
<td>Prior to Treatment</td>
<td>30%</td>
<td>8%</td>
<td>9%</td>
</tr>
<tr>
<td>Negative Test Adherence</td>
<td>31%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>Positive Test Adherence</td>
<td>30%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Overall Adherence</td>
<td>16%</td>
<td>30%</td>
<td>31%</td>
</tr>
</tbody>
</table>

Discussion

- What are some reasons why data quality might have been low in the first round?
- How can we ensure high-quality, complete data?

Strategies:
- Arrive at facility on time to make sure there is an adequate # of patients available.
- Designate team member to review data to make sure it is complete BEFORE submission.
- Use % complete on landing page to determine whether the data is complete.
- Communicate any problems with tablets as soon as possible to MalariaCare contact.
Other data collected

- Human resources & training.
- Pharmacy, stock, equipment, & reference materials.
- Services & referral.
- Health facility infrastructure.
- Malaria reporting.
- Used RDT assessment.
- IQA/EQA.
- Slide rechecking.

This is other information outside of the key indicators that could be used to create indicators.

OTSS data review summary

- Focus during OTSS should be first on improving minimum standards.
- Data collected should be of high quality and complete.
Questions?
Instructions

Use your Electronic Data System (EDS) to complete the test. Circle the correct answer for each item below. When you have answered all questions, raise your hand to let a facilitator know that you have completed the test.

1. Which one of the following is an answer option for the question, “How does this facility finally dispose of medical waste?”
   a. Pit (covered ground).
   b. Unprotected environment.
   c. Dump without burning (protected environment).
   d. Transport of waste offsite.

2. The question on whether a facility has timers in stock can be found in which EDS module?
   a. Clinical Observation.
   b. Lab Observation.
   c. RDT Observation.
   d. General OTSS.

3. What question is shown if you answer “Yes” to the question, “Does the health worker order/conduct a malaria test?”
   a. What type of malaria test was done?
   b. Where was the malaria test done?
   c. What was the cadre of the health worker?
   d. What is the health worker’s final diagnosis?

4. The question, “Does this facility do microscopy?” can be found in which EDS Module?
   a. Clinical Observation.
   b. Lab Observation.
   c. RDT Observation.
   d. General OTSS.
5. Which one of the following is an answer option for “topics” under the immediate corrective actions section?

a. Treatment.
b. Diagnostic testing.
c. Case management.
d. Reports.

6. Which of the following signs of severe disease comes first in the checklist?

a. Inability to drink.
b. Convulsions.
c. Spontaneous bleeding.
d. Jaundice (yellow eyes or skin).

7. The question on “sharps waste segregated and safely disposed of in safety box” can be found in which EDS module?

a. Clinical Observation.
b. Lab Observation.
c. RDT Observation.
d. General OTSS.

8. Which of the following is an answer option to diagnostic test result urinalysis?

a. Ordered.
b. Positive.
c. Dark urine.
d. Abnormal.

9. What question is shown if you answer “Yes” to the question, “Was patient referred or admitted for treatment?”

a. Was transport available?
b. Where was the patient sent for treatment?
c. Referral treatment given?
d. Level of facility for referral/admission?

10. Write one answer to the question, “Reason if unable to conduct/complete RDT observation?”
## Handout 2.2: Sample register for record review practice

<table>
<thead>
<tr>
<th>Date</th>
<th>OPD/IP/Ref No.</th>
<th>Lab No.</th>
<th>Full names</th>
<th>Sex</th>
<th>Age in years (&lt;5 years)</th>
<th>Age in years (&gt;5 years)</th>
<th>Village/Estate/Landmark</th>
<th>Pf</th>
<th>Pan (specify)</th>
<th>RDT</th>
<th>Date results dispatched</th>
<th>Amount charged</th>
<th>Receipt #</th>
<th>Referrals:</th>
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<td>1—from other HF;</td>
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<td>2—to other HF;</td>
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<td>3/24/2016</td>
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Note: F, female; HF, health facility; IP, ; M, male; mps, malaria parasite smear; neg, negative; No., number; npf, ; OPD, ; Ref, reference; Pan, ; Pf, *Plasmodium falciparum*; pos, positive; RDT, rapid diagnostic test.
Handout 2.3: Scripted clinical case scenarios

Tablet cases, scripted, tablets:
• One clinician, two mothers, and two children will be MalariaCare staff familiar with the case.
• Participants will act as supervisors filling out their own tablet.

Case 1

Time of encounter: 60–90 seconds

Clinical provider: Good morning.
Mother of child: Good morning.
Clinical provider: Do you have the child’s immunization card?

• Mother hands the card to provider, and they look through it.
• Provider announces to audience that the child is 2 years old and weighs 9 kgs.

Clinical provider: Why have you brought your child today?
Mother: She has a fever and vomited today.
Clinical provider: How long has she had a fever?
Mother: Two days.

• Clinical provider leans forward to examine child:
  – The provider notes to audience that the child is alert and awake with eyes open, but not very active. The clinical provider checks the child’s palms, squeezes her cheeks together to somewhat open mouth and look inside, and presses twice on the child’s abdomen.

Clinical provider to mother: Please take this to the laboratory so they can do a test for malaria; they will send you back when they are finished.

• Mother stands and leaves. As she leaves, another mother brings her child into the room and sits down.
• Time frame: Approximately 2–3 minutes
• Immediately start Case 2.
Case 2

Clinical provider: Good morning.
Mother: Good morning.
Clinical provider: Do you have the child’s immunization card?

- Mother hands the card to provider, and they look through it.
- Provider announces to audience that the child is 5 years old and weighs 24 kgs.

Clinical provider: Why have you brought your child today?
Mother: He has diarrhea.
Clinical provider: For how many days?
Mother: Three.
Clinical provider: Have you seen any blood in the diarrhea?
Mother: No.
Clinical provider: Has the child had a fever?
Mother: Yes.
Clinical provider: How long?
Mother: Also for three days.
Clinical provider: Has the child been vomiting?
Mother: No, but he hasn’t been eating or drinking.
Clinical provider: Can you lay him on the table? I want to examine him.

- The provider notes to audience that:
  - The child is alert and awake but begins to cry as the mother lays him on the table.
  - The child’s lips are somewhat dry.
- The provider does the following examinations and announces the following findings:

<table>
<thead>
<tr>
<th>Physical examination</th>
<th>Findings (Provider announces all findings)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checks palms</td>
<td>Severely pale</td>
</tr>
<tr>
<td>Lifts the shirt up and pinches the skin</td>
<td>Skin turns back very slowly</td>
</tr>
<tr>
<td>Palpates the child’s abdomen</td>
<td>Splenomegaly</td>
</tr>
<tr>
<td>Puts hand on skin to feel temperature</td>
<td>Very hot</td>
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</table>

- The clinical provider prescribes oral rehydration salts and zinc, and orders an mRDT, instructing the mother on both.
- The mother and child exit the room.
- Return to Case 1, as mother 1 and child 1 return with test results.
- Mother 1 and child 1 return with a positive mRDT test result.

Clinical provider: Your test result is positive. I am prescribing an ACT for treatment.

- Provider writes down prescription and announces to audience that s/he is prescribing one tablet of ALu.
Clinical provider: Do you have any questions?
Mother 1: No.
Clinical provider: Okay, go to the pharmacy to pick up the tablet.

- *Mother 1 and child 1 leave the room.*
- *Return to Case 2, as mother 2 and child 2 return with test results*

Clinical provider: Your test result is positive. I am prescribing an ACT for treatment.

- *Provider writes down prescription and announces to audience that s/he is prescribing two tablets of ALu.*

Clinical provider: Do you have any questions?
Mother 2: No.
Clinical provider: Okay, go to the pharmacy to pick up the tablet.
Handout 2.4: Basic principles of giving feedback

- Ask permission or identify that you are giving feedback. Examples:
  - “Can I give you some feedback on that follow-up patient visit?”
  - “I’d like to provide some feedback on what I observed during my visit today.”
- Give feedback in a “feedback sandwich.”
  - Start with a positive observation (“It was good that you . . .”).
  - Provide a constructive critical observation or suggestion for improvement.
  - Finish with a second positive observation or summary statement.
- Use the first person: “I think,” “I saw,” “I noticed.”
- Describe what you observed and be specific. State facts, not opinions, interpretations, or judgments.
- Feedback should address what a person did, not your interpretation of his or her motivation or reason for it.
  - Action: “You skipped several sections of the counseling script.”
  - Interpretation: “You skipped several sections of the counseling script. I know you want to finish because it’s almost lunch time, but . . .”
- Don’t exaggerate. Avoid terms such as “you always” or “you never.”
- Don’t be judgmental or use labels. Avoid words like “lazy,” “careless,” or “forgetful.”
- When making suggestions for improvement, use statements like, “You may want to consider . . .” or “Another option is . . .”
- You can provide feedback any time—during the clinic visit, immediately afterwards, or after you leave the clinic premises.
- Don’t wait too long to give feedback. The closer the feedback is to the actual event, the more likely the health care worker (HCW) will remember the teaching point.
- Certain feedback requires more immediate timing:
  - Example: If you see that the HCW is doing something in error or omitting a very important step during the visit.
- If you provide feedback during a patient encounter:
  - Do not alarm the HCW or patient. Put them both at ease.
  - Be very calm and patient as you explain your recommendation.
Handout 2.5: Scripted and unscripted clinical & lab case scenarios for feedback

Case 1, scripted, mentorship and observation procedures: Choose one volunteer to act as supervisor. The clinician and patient will be MalariaCare staff familiar with the case. The supervisor should use the checklist to record the interaction.

READ TO GROUP: “You are at a district hospital. A mother enters a consultation room in the outpatient clinic holding a child who is lethargic, whose eyes are fluttering open and closed, and who appears to be breathing fast.”

Clinical provider: Good morning, why did you bring your child today?
Mother: My daughter has had a fever and seizure.
Clinical provider: When was the seizure?
Mother: There was one last night and one 30 minutes ago.
Clinical provider: How long has the fever been present?
Mother: Six days.
Clinical provider: Has the child taken any medications?
Mother: I gave the child something I had at home that she got last year for fever.

READ TO THE GROUP: “The clinical provider tells the mother and the person outside the consultation room who is registering patients that the child should be taken to the inpatient pediatric ward.”

• The supervisor should give feedback, then the group should critique. Remind group to use feedback techniques such as giving both supportive and constructive feedback.

• At the end, the facilitator should provide a summary critique using the feedback sandwich technique.

Case 2, unscripted, mentorship: Choose three participants from the group to act as clinician, patient, and supervisor. Have them simulate a fever assessment in front of the group. After discussion has occurred, repeat another simulation with three different participants and ask the supervisor to incorporate some of the feedback from the group on supervisory techniques. Again, critique the interaction at its completion.

Case 3, unscripted, laboratory mentorship: Three volunteers—one lab technician to be observed, one lab supervisor, and one clinician.

READ TO THE GROUP: “A clinician has requested a blood smear from the lab with quantification for a severe malaria patient. The lab technician only performs parasite identification and does not do quantification. Ask the lab supervisor to mentor the lab technician and have the group critique on content and technique.”
Handout 3: Field visit structure

**Objective:** The purpose of the field visit is to have participants become comfortable using the tablet during an outreach training and supportive supervision (OTSS) visit in a realistic setting.

**Logistics:** Teams should arrive at the facility by 7:00 a.m. or 8:00 a.m. and complete by 12:30 p.m., so that all teams can be back at the training site by 2:00 p.m. for a debrief.

**DURING FIELD VISIT**

**Instructions to participants:**
- Assign each district supervision team to go out together as a team to a health facility.
- The team should conduct an OTSS visit just as it normally would.
- Instead of completing three observations for each module, the team should complete just one. The team can do more if it has time.
- Each participant should choose one feedback/mentoring strategy to try during the visit.
- Each participant should bring back one question/lesson learned/innovation.

**Instructions for facilitators:**
- Assign one facilitator to each OTSS team, if enough facilitators are available. If not, facilitators should float between facilities. If there are not enough facilitators, teams should have phone number of facilitator to call if they have questions.
- Focus on supervisors who were less comfortable with the tablet during the training.
- Observe the following among the supervisors:
  - **Organization skills:**
    - Did the supervisors divide up tasks and communicate throughout the day to make sure that they filled complementary roles in conducting the OTSS visit and completing the checklist?
    - Did they start with the observations to capture patients when they are available and save the other tasks (General OTSS, register reviews) for later in the day?
    - Did they provide individual feedback to clinicians throughout the day and convene to determine key priorities to discuss with all facility staff at the end of the day?
  - **Observation and feedback skills:** Note that supervisors will not be at their best when mentoring during this visit, as they will be focused on learning how to use the tablet. When giving feedback on feedback skills, be sure to be constructive. However, it’s good to look out for basic observation and feedback skills:
    - Did they allow the procedure/consultation to be conducted without interrupting the health worker to correct or ask questions to help them complete the tablet?
    - Did they treat health workers with respect?
    - Did they provide supportive and constructive feedback to health workers?
    - Did they focus on improving the minimum standards?
    - Did they employ any of the mentoring/feedback strategies?
    - Observe action planning: Did they work with the facility members to help them develop their own action plan?
• Expect that the supervisors will be slow in filling in the tablet and will spend a lot of time staring at their tablet. This is normal, as they will be trying to figure out how to do both mentoring and completing the tablet.

AFTER FIELD VISIT
Upon returning to the training location, complete the following activities:
• Data completeness review:
  – Have participants each open up an EDS module or the paper checklist section that they completed.
  – Have them count how many fields are blank.
  – Have participants raise their hands for the answers that apply. Ask if anyone has more than 15 items missing, then count down to zero. Ask them to drop their hands as they reach the number of items missing in their checklist.
  – Discuss: What were some of the challenges? Are some modules more challenging than others? Why?
  – For those that did really well, ask: What module were they using? What strategies did they use to help complete the checklist?

Script: “Could everyone please open up an EDS module or a paper-based checklist that you completed? I’d like you to count up how many fields are blank in that section of the checklist. Look up when you’re finished so that I know you’re done.” (Wait until everyone is completed.)

“Ok, everyone raise your hands. Now if you had 15 items or less missing, keep your hands up. If you have 14 or less keep your hand up, 13 or less . . . (continue counting down to zero to see how many fields were missing on average).

1. Report back on lessons learned:
   a. Participants: On two separate slips of paper, have participants write down: a) which mentoring technique they used, and b) what their question/lesson learned was. While the next exercise is going on, have one facilitator summarize and tally up the mentoring techniques and lessons learned. Write these on a flip chart or PowerPoint for later sharing.
   b. Facilitators: Have all facilitators also write down their notes/feedback on challenges and innovations they saw during the visit. Write these on another flip chart or Power Point for later sharing.
   c. Discussion:
      i. Mentoring/technique techniques: The facilitator should present the proportion of mentors that tried each mentoring/feedback technique. Ask for volunteers to present on their experience trying this technique and how it went.
      ii. Lessons learned: Facilitator will do a short presentation of the key lessons learned. For each lesson, ask a participant who learned that lesson to stand up and explain more about the lesson and the situation behind it.

2. Feedback and action planning:
   a. Have the district supervision teams work together. Give each team a flip chart on which to copy one of the action plans they developed, and then have each team present. Have other teams give feedback on the action plan: What is good about the action plan? How could it be improved?

3. General discussion/questions: Ask participants if they have any other questions/concerns?
4. **Summarize:** The facilitator should summarize key principles for supervision (reiterate OTSS standard operating procedures from last day of training plus lessons learned that day). Go over any logistics questions about the start of OTSS.