



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



National VMMC programme | Data tool training manual

Version 2 (July 2020)

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ACRONYMS

AE	Adverse Event
DHIS	District Health Information System
DHMIS	District Health Management Information Systems
DoH	Department of Health
HAST	AST: HIV and AIDS, sexually transmitted infections (STI)/tuberculosis (TB)
HIS	Health Information System
HIV	Human Immunodeficiency Virus
HTS	HIV Testing Services
MMC	Medical Male Circumcision
NDoH	National Department of Health
OU	Organisational Unit
PoE	Portfolio of Evidence
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TB	Tuberculosis
VMMC	Voluntary Medical Male Circumcision

1. INTRODUCTION

The National Department of Health (NDoH) has implemented the Voluntary Medical Male Circumcision (VMMC) programme as part of its combination HIV prevention of strategy. The national VMMC programme data management is governed by the District Health Management Information Systems (DHMIS) Policy and Standard Operating Procedure (SOP). The DHMIS SOP stipulates how data is managed at all levels of the Health Information System (HIS).

1.1. PURPOSE

Data management is an important pillar in programme management, as it provides evidence for programme planning, monitoring and implementation. The data tool training manual has been developed to map out the processes of training and orientation of Public Health workers on data collection, collation and use in programme implementation. The training manual focuses specifically on the VMMC programme and the tools that govern the information management within it.

Data verification is another important process to ensure that VMMC data is captured accurately. There is a separate data verification manual that outlines this process.

1. To map out the requirements for programme data management.
2. To outline the tools used for data management in the VMMC programme.
3. To outline the curriculum and training approach for data management training.

Box 1: Data management toolkit

2. VMMC DATA REQUIREMENTS

The VMMC programme manages data as per the DHMIS policy. This includes the responsibility of all cadres involved as well as the timelines for each reporting period. As per the DHMIS policy, the VMMC programme requires Portfolio of Evidence (PoE) to certify the validity of each circumcision conducted.

The PoE consists of a copy of the client intake form, a copy of the signed consent form, and the carbonated Voluntary Medical Male Circumcision (VMMC) register. The PoE is maintained daily, weekly, and monthly by various cadres. Table 1 below outlines the roles and responsibilities at each Organisational Unit (OU) for each cadre as per the DHMIS policy:

Table 1: Roles and responsibilities as per DHMIS policy

OU level	Staff cadre	Tools	Function
Community-level	Recruiter	Recruitment list	Recording information of clients recruited for VMMC services.
Facility level	Data Clerk	Headcount register Client intake form VMMC register Monthly summary sheet DHIS	Tallying number of clients accessing services Recording client information Tallying clients that received VMMC service Aggregating services conducted Reporting services conducted
	Counsellor	Client intake HTS register	Recording client HIV Testing Services (HTS) details and consent Tallying HTS client data
Facility Level	Nurse	Client intake VMMC register	Record details of triage, pre-op, surgery, post-op, follow-up Recording of aggregated services conducted
	Surgeon	Client intake	Recording surgical details, confirming consent, and confirming details on the form
	Team leader	Client intake VMMC register Monthly summary Data receipt	Review information Confirm statistics Confirm statistics Sign-off statistics
Sub-district	Health Information System (HIS) officer	Data receipt VMMC register DHIS	Confirm services conducted Record statistics on behalf of the site Capture/verify statistics
	HAST: HIV and AIDS, sexually transmitted infections (STI)/tuberculosis (TB) (HAST) coordinator	VMMC register DHIS	Confirm statistics Review data
District Level	HIM Manager	DHIS	Provide programme summary reports

		MMC register	Confirm services provided
	HAST manager	DHIS	Reporting programme performance and provide direction

3. TOOLS USED

The DHIMS policy can be found on the Department of Health's (DoH) Ideal clinic website (www.idealhealthfacility.org.za) while all of the other tools mentioned in this section can be found on the DoH's knowledge hub (<https://www.knowledgehub.org.za/content/medical-male-circumcision>).

3.1. DHMIS POLICY

The DHMIS policy provides guidelines for the management of data from service delivery level to national level. The policy is accompanied by an SOP for each organisational unit which outlines the activities that are required for information management.



Figure 1: DHIMS policy

3.2. CLIENT INTAKE FORM

The client intake form contains client details to be recorded for each of the steps of the VMMC procedure. The form is divided into seven sections, namely:

1. Client information and screening for HIV, TB, STIs and other conditions;
2. Sociomedical history;
3. Physical examination and pre-op care;
4. Surgical procedure and recovery;
5. Post-operative follow-up;
6. Informed consent for HIV testing; and
7. Informed consent for VMMC procedure.

MMC CLIENT INTAKE FORM Client File Number: _____

B. SOCIO-MEDICAL HISTORY Page 2

B1. REFERRAL INFORMATION – To be completed by nurse/counselor

How do you best describe your HIV status? HIV/AIDS HIV Positive HIV Negative HIV Unknown HIV Seroconverter HIV Seroconverter (Symptomatic)

B2. REASONS FOR CONCERN – To be completed by nurse/counselor

What are your reasons for coming to VMMC? HIV/AIDS HIV Positive HIV Negative HIV Unknown HIV Seroconverter HIV Seroconverter (Symptomatic)

B3. PAST MEDICAL HISTORY – To be completed by nurse

Do you have any of the following conditions? Yes No

B4. COMPLAINTS – To be completed by nurse

Do you have any of the following symptoms? Yes No

B5. PREVIOUS SURGERY – To be completed by nurse

Have you ever had a surgical procedure? Yes No

B6. CURRENT MEDICATIONS AND ALLERGIES – To be completed by nurse

Are you taking any medication? Yes No

C. PHYSICAL EXAMINATION AND TRIAGE

C1. PHYSICAL EXAMINATION – To be completed by nurse

Physician Yes No

C2. WILLNESS ASSESSMENT – To be completed by nurse

Weight kg

C3. TETANUS VACCINATION – To be completed by nurse/counselor

Tetanus (TT/IG) given? Yes No

C4. VMMC ELIGIBILITY – To be completed by nurse

Is the client eligible for VMMC? Yes No

MMC CLIENT INTAKE FORM Client File Number: _____

D. VMMC PROCEDURE Page 3

D1. VMMC OPERATIONAL – To be completed by surgical/nurse associate & nurse

Date of VMMC Day Night

D2. POST-OPERATIVE OBSERVATION (IMMEDIATELY AFTER PROCEDURE) – To be completed by surgical/nurse associate & nurse

BP mmHg

D3. POST-OPERATIVE OBSERVATION (30 MINUTES AFTER PROCEDURE) – To be completed by surgical/nurse associate & nurse

BP mmHg

E. POST-OPERATIVE REVIEW VISITS – To be completed by surgical/nurse associate & nurse

E1. 48 Hours Post-Operative/First Visit

Date of Visit Day Night

E2. 7 Days Post-Operative/Second Visit

Date of Visit Day Night

F. LOSS TO FOLLOW UP – To be completed by surgical/nurse associate & nurse

Lost to follow-up? Yes No

MMC CLIENT INTAKE FORM Client File Number: _____

F1. INFORMED CONSENT FOR HIV TESTING SERVICES (ITS) Page 4

I, the undersigned, hereby declare that I was informed and voluntarily consent to undergo medical male circumcision. I understand that HIV test results are kept confidential and that only healthcare providers and the individual tested have access to the test results. I give consent that my information will be shared with healthcare providers to be best informed of my health and with the Department of Health for monitoring and evaluation purposes. I understand that my information will be shared with the Department of Health for monitoring and evaluation purposes. I consent to be contacted for follow-up.

F2. PARENT/LEGAL GUARDIAN CONSENT FOR HIV TESTING (CLIENT YOUNGER THAN 12 YEARS)

Name & Surname of Parent/Guardian _____

F3. INFORMED CONSENT FOR MEDICAL MALE CIRCUMCISION (MHC) - OR ASSENT FOR CLIENT 10-17 YEARS

I, the undersigned, hereby declare that I was informed and voluntarily consent to undergo medical male circumcision. I understand that MHC is a surgical procedure that offers partial protection against HIV infection. With any medical or surgical procedure there are risks involved. The circumcision procedure and its possible outcomes including complications have been fully explained and discussed with me. I understand that my information will be shared with the Department of Health for monitoring and evaluation purposes. I consent to be contacted for follow-up.

F4. PARENT/LEGAL GUARDIAN CONSENT FOR MEDICAL MALE CIRCUMCISION (CLIENT 10-17 YEARS)

Name & Surname of Parent/Guardian _____

F5. COUNSELOR PROVIDING CLIENT WITH ITS AND VMMC INFORMATION

I am the counselor who has provided the above-mentioned client and/or his parent/legal guardian with information related to HIV and VMMC. I have given the client and/or his parent/legal guardian an opportunity to ask the questions and have ensured that they understand the information provided. To the best of my assessment, the client and/or his parent/legal guardian are capable of giving consent and have sufficient information to make a decision about whether to proceed with HIV counseling and testing, and voluntary medical male circumcision procedure.

MMC CLIENT INTAKE FORM Client File Number: _____

A. FACILITY AND CLIENT INFORMATION Page 1

A1. VMMC SETTING – To be completed by data clerk

Facility Name _____

A2. CLIENT INFORMATION – To be completed by data clerk

First Name _____

A3. HIV TESTING INFORMATION – To be completed by nurse/counselor

Have you ever tested for HIV? Yes No

A4. HIV TESTING SERVICES (ITS) – To be completed by nurse/counselor

Decided to get HIV test? Yes No

A5. SEXUALLY TRANSMITTED INFECTION (STI) SCREENING – To be completed by nurse/counselor

Have you ever been tested for STI? Yes No

A6. TUBERCULOSIS (TB) SCREENING – To be completed by nurse/counselor

Have you ever had a cough for 30 days or more? Yes No

Figure 2: Client intake form

3.3. VMMC REGISTER

The VMMC register keeps a record of all clients that have undergone the VMMC procedure and is used to report VMMCs monthly. The register forms part of the PoE of services performed. It includes the client file and identity details, the client's age, HIV results, post-operative follow-up visits, and any adverse events (AE).

Guide for the use of MMC Register

- OVERVIEW**
 - The MMC register should be the only register used to capture the data elements of MMC services and MMC data source used in a facility.
 - The register should always be placed at a designated, safe and secure place or service point.
 - All males attending the facility whom successfully underwent medical circumcision should be entered in the MMC register.
 - Clinical stationery should be the source of reporting for MMC register.
 - Completed clinic registers should be stored for seven (7) years.
 - To ensure the carbon copy is activated, please press down hard with a ball point pen or rollerball pen.
 - All information entered in the register should be legible and must be in permanent ink.
- INSTRUCTIONS**
 - A new page for each month should be used to capture data for clients undergoing circumcision. Start a new month on a new page.
 - Always complete all demographic details on the register such as district and patient details.
 - Ensure that the age of the patient is entered in the same line as the names of the male undergoing circumcision.
 - Record the actual age of the client in the appropriate age group column.
 - The client's final HIV test results must be ticked as Neg or Pos as per the national testing algorithm.
 - All patients returning for follow-up visits should be recorded on the same line bearing the patient name.
 - If you make an error on an entry into the register, please draw a straight line through all the data recorded on that line, sign and date.*
- REPORTING**
 - Running totals should be collected daily and transferred to the facility Monthly Input Report. Sum up the running totals for each register page and transcribe totals into the Monthly Input Report form.
 - The monthly summary is to be signed by a designated official prior to data submission.

4. DEFINITION OF DATA ELEMENTS

- District:** is the name of the district in which the MMC facility is located.
- Subdistrict:** is the name of the subdistrict in which the MMC facility is located.
- Facility:** is the clinic, CHC, hospital or any other approved structural facility at which MMC procedures were successfully performed.
- No.:** is the of males who successfully underwent MMC.
- Date of MMC:** is the day on which an MMC procedure was successfully performed.
- Names and surname:** full names and surname of the potential MMC client as per documents presented for identification.
- File number:** is a number allocated for a potential MMC client.
- ID number:** is a unique number used for personal identification.
- Age:** is any age of male client, 10 years and above.
- Method:** is either the approved surgical method or the approved device/ surgical aid for MMC.
- Follow-up visit:** is when a patient returns on day 2, 7 and other days for post-operative review.
- Adverse Event (AE):** is any undesired outcome that occurred to an MMC client during or after an MMC procedure.
- Adverse Event Type:** is a form of an AE that occurs to an MMC client
- Moderate Adverse Event:** is any AE that requires intervention and can be managed at the facility.
- Severe Adverse Event:** is any adverse event that requires extensive intervention or specialist's input and are usually referred for further management.
- HIV testing Result:** is the patient final HIV status after all the HIV testing procedures has been followed. The client's final HIV test results must be ticked as N= Negative, P= Positive, K= Known HIV and D= Declined HIV testing.
- Referrals and linkages:** is any service to which an MMC potential client was referred to or linked to after being assessed for eligibility of MMC service. This can be ART/ Wellness, STI, TB. Please specify for any other related referrals and linkages done for the client.
- Signatures and dates:** The data clerk signature and date at the end of the page is required to account for the data entered. The facility manager's signature and date validate the data.

Medical Male Circumcision Register

Month: _____

Year: _____

DISTRICT: _____		SUB-DISTRICT: _____		Age: Write actual age in the appropriate group column		HIV Testing Results: Tick appropriate status: N=Negative, P=Positive, K=Known status, D=Declined HIV testing				Method for MMC: Tick appropriate method used		Follow up visit: Tick appropriate column		Adverse Events: specify type and tick severity* (None) to (IV) (None) to (IV) (None) to (IV) (None) to (IV)			Referrals and Linkages			
FACILITY: _____				SERVICE PROVIDER (Tick): <input type="checkbox"/> DoH <input type="checkbox"/> NGO <input type="checkbox"/> Private provider																
No.	Date of MMC	File Number	Name and Surname	ID Number	10-14	15+	N	P	K	D	Surgical	Device	Day 2	Day 7	Type	Mild	Moderate	Severe	ART/ Wellness, STI, TB, Any other (please specify)	
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				
11																				
12																				
13																				
14																				
15																				
Running/ Monthly Total																				
Data Clerk (name and surname): _____					Signature: _____					Date: ____/____/____										
Facility Manager (name and surname): _____					Signature: _____					Date: ____/____/____										

Figure 3: VMMC register

3.4. MONTHLY SUMMARY SHEET

The monthly summary sheet provides a summary of the monthly indicators collected in the VMMC programme. Data collected on the summary sheet includes the VMMCs done, HIV tests, screenings done, follow-ups, and any AEs.



Medical Male Circumcision (MMC) Monthly Summary data tracking sheet

Facility / Site Information							
Site/ GP Name			Implementing Partner				
Sub-District			District				
Reporting Month			Date Completed				
Type of Site:	Fixed (F)		Outreach (O)		Mobile (M)		
MMC Monthly Summary Indicators							
1	Number of Male Clients Circumcised:	10-14 yrs	15-19 yrs	20-24 yrs	25-49 yrs	50+ yrs	Total
2	Number of MMC Clients Counsellled and Tested for HIV (MMC site):						
	HIV Test Results: (number of MMC clients)	N= Tested HIV Negative (HIV-)					
		P= Tested HIV Positive (HIV+)					
		K= Known HIV Positive (K)					
		D= Declined HIV Testing (D)					
		Initiated on ART (tier.net)					
3	Referrals and Linkages: Number of MMC clients diagnosed with:	Condition/ Diagnosis:	Managed on site	Referred			
		TB					
		STI					
		Hypertension					
		Diabetes					
		Other conditions					
4	Number of MMC clients who returned for Follow-up:		Follow-up:				
			Day 2				
			Day 7				
			Total follow-up visits:				
5	Number of Clients Circumcised who experienced Adverse Events (AE):		Severity:				
			Mild				
			Moderate				
			Severe				
			Total:				
6	Any comments:						

Completed by:

Signature:


Contact Number:

Email:

Figure 4: Monthly summary sheet

3.5. DATA RECEIPT FORM

The data receipt form is used as evidence that data, which was collected from a non-DoH source, has been reported to a DoH reporting site for DHIS capturing.



VMMC Surgical Register Receipt Form

Submitting Partner Org. (or GP) and Prime Partner:	Write name of implementing partner or GP	Write name of prime partner (or list as N/A)
Facility and District of Submission (Names):	Write name of DHIS-reporting facility	Write name of the district
Origin of Data (Mobile Unit/VMMC Camp etc.):	Write where the VMMCs were conducted and the name of the originating facility (if available)	
Number of VMMCs Submitted (Count from Registers):	Write the number of VMMCs to be submitted into the DHIS	
Date Submitted to the DoH Facility:	Write the date submitted	

Print Name of Submitting (Partner/GP) Official _____
Signature of Submitting (Partner/GP) Official _____
Contact Information (Email/Phone No.) _____

Check box (✓) once a routine quality review of yellow VMMC register tear-off sheets has been conducted and the forms have been submitted to the DoH official listed below

Print Name of Receiving (DoH) Official _____
Signature of Receiving (DoH) Official _____
Contact Information (Email/Phone No.) _____

*A checked box & DoH signature above ensures that the yellow VMMC register tear-off sheets have been reviewed & are ready for submission into DHIS by the above DoH official

Figure 5: Data receipt form

3.6. DHIS INPUT

The DHIS has two methods of input at the service delivery level. The first method is direct online capture using the web portal, which requires internet connection. The second method is to complete an Excel form which can be submitted to an allocated reporting site for capture. This can be a neighbouring facility or a higher reporting unit i.e. sub-district or district.

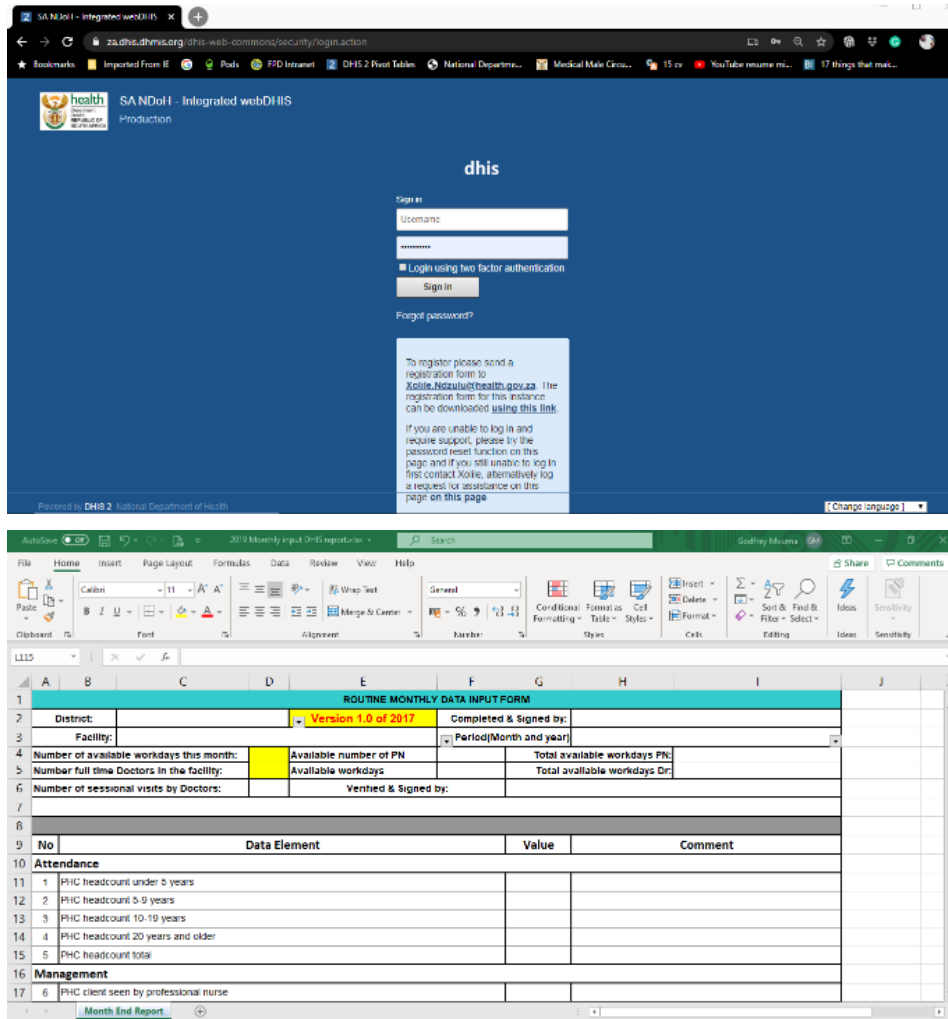


Figure 6: DHMS input

4. TRAINING CURRICULUM AND APPROACH

The data training covers the tools used in data collection through a detailed explanation of each of the tools as well as when and how to use them in the data management process. The data working practice guideline that outlines the data management process is available on the DoH's Knowledge Hub

(<https://www.knowledgehub.org.za/content/medical-male-circumcision>). The training is structured to reflect the data journey and the tools used, in the order of use.

4.1. SESSION ONE: INTRODUCTION TO THE DHMIS POLICY AND WORKING PRACTICE GUIDELINES

The first session of the training introduces the attendees to the DHMIS Policy and Working Practice guidelines for the VMMC programme. The session covers the rationale behind the Working Practice guidelines, and discusses the data procedures and guiding principles. The session also covers the data flow from the service delivery level up to national level. The VMMC programme has various methods of service delivery, which has created different scenarios for data recording and reporting, and the session covers the scenarios and the ways of reporting for each scenario.

4.2. SESSION TWO: CLIENT INTAKE FORM

The second session covers an in-depth review of the client intake form. It also highlights situations where one would find the information to transcribe onto other registers. This session focuses on different sections, depending on the training group and their levels of interaction with the tool. A substantial amount of time is spent on the client intake form as it is the main source of client-level data for the VMMC programme and it feeds into the other tools.

4.3. SESSION THREE: VMMC REGISTER

The third session reviews the VMMC register with its contents and context. This session is broken into the following sections:

- Background of the VMMC register;
- Instructions on how to use the register;
- Definitions and acronyms; and
- A review of the register pages.

4.4. SESSION FOUR: MONTHLY REPORTING

The fourth session covers the reporting process. The steps covered in the reporting process are:

- Monthly collation of data from the register onto the monthly summary form;
- The data receipt form;

- The DHIS input; and
- The DHIS pivot review.

4.5. QUALITY ASSURANCE TOOLS

The final session introduces the tools used for quality assurance indicators at the facility level as well as the reporting of AEs. The tools covered in this session are as follows:

- AE register;
- Follow-up register; and
- Severe and notifiable AE reporting form.

5. PROPOSED ATTENDEES

Table 2 below summarises the target audience that can benefit from the training. This is not an exhaustive list and can be amended as different cadres are identified. DoH officials can extend an invitation to implementing partners supporting the VMMC programme in their districts.

Table 2: Target audience

Cadre	Rationale
Data capturers/admin clerk	They are responsible for the overall capturing and reporting of data at the service delivery level.
Clinicians and counsellors	They are responsible for collecting data as they interact with the clients while providing services.
Facility managers/team leaders	They are responsible for the data reported at their site and the overall verification of site-level stats.
VMMC coordinators	They are responsible for the overall management of the VMMC programme and assist site-level staff with implementation.
HIS officers/managers	They are the custodians of the data at various levels i.e. sub-district and district. They are also responsible for capturing data on behalf of sites with no DHIS access.
Quality assurance officers/managers	They are responsible for the quality of the programme and they interact with data to evaluate the programme quality.
HAST managers (district/provincial)	They are the custodians of the VMMC programme, at the district and provincial levels.

ANNEXURE 1: PROPOSED AGENDA

The purpose of the agenda is to outline the training and inform managers of what will be discussed in the training so that they can better identify who will be required to attend.

This should be prepared and shared in advance.

Programme: Data management training for VMMC

Date: _____

Time: _____

Venue: _____

Purpose:

- To introduce participants to VMMC data management
- To review the tools used in data collection and reporting
- To equip participants on how to efficiently collate all VMMC data

Agenda Item	Time allocation
Arrival	09:00am – 09:20am
Welcome and introductions	09:20am – 09:30am
Session one: Working Practice guidelines	09:30am – 10:30am
Tea Break	10:30am – 11:00am
Session two: Client intake form	11:00am – 12:30pm
Session three: VMMC register	12:30pm – 13:00pm
Lunch Break	13:00pm – 14:00pm
Session four: Monthly reporting	14:00pm – 14:30pm
Session five: Quality assurance	14:30pm – 15:00pm
Q&A	15:00pm – 15:10pm
AOB	15:10pm – 15:20pm
Way forward	15:20pm – 15:25pm
Closure	15:25pm – 15:30pm

ANNEXURE 2: EVALUATION OF TRAINING

VMMC Training evaluation form

District: _____

Training date: _____

Facilitator: _____

The purpose of this evaluation is to help us determine the extent to which the training has met its objective/s and to identify ways to improve future training sessions. We invite you to take a few minutes to complete this short evaluation, which should take you less than five minutes.

Your participation is voluntary, anonymous and confidential.

1. Please indicate the department your job responsibility falls under.

Cadre	Tick one
Data capturer/admin clerk	
Counsellor	
Clinician	
Facility manager/team leader	
VMMC coordinator/champion	
HIS officer/manager	
Quality assurance officer/manager	
Other: Specify _____	

2. Please rate the training in terms of its usefulness in the following areas, using the scale below.

Area	1 = Not useful at all 5 = Very useful				
	1	2	3	4	5
Useful in your daily work	1	2	3	4	5
Increased your awareness of the gaps and challenges in data management for the VMMC programme	1	2	3	4	5
Increased your willingness to take ownership of data management for the VMMC programme	1	2	3	4	5
Increased your knowledge of data management for the VMMC programme	1	2	3	4	5
Increased your skills (i.e. ability) in data management for the VMMC programme	1	2	3	4	5

3. Please tick your level of satisfaction with the following elements of the data training session:

Element	Satisfied	Dissatisfied
Comprehensiveness		
User-friendliness		

Element	Satisfied	Dissatisfied
Alignment with district data management processes and activities		
Time-efficiency		

4. Comments and suggestions (including activities or initiatives you think would be useful, for the future):

5. General evaluation questions:

1 = Strongly Disagree

5 = Strongly Agree

	1	2	3	4	5
The training objectives were clearly defined	1	2	3	4	5
The topics covered were relevant to me	1	2	3	4	5
The content was easy to follow	1	2	3	4	5
The training objectives were met	1	2	3	4	5
Time allocated was sufficient	1	2	3	4	5

Thank you!
Please return this form to the training facilitators.